

REPORTER'S RECORD

VOLUME 66 OF 75 VOLUMES

TRIAL COURT CAUSE NO. F45059

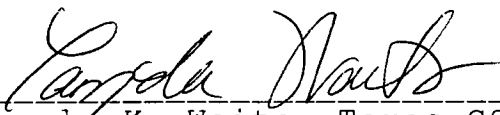
COURT OF CRIMINAL APPEALS NO. AP-76,768

STATE OF TEXAS ) IN THE DISTRICT COURT  
VS. ) JOHNSON COUNTY, TEXAS  
MARK ANTHONY SOLIZ ) 413TH JUDICIAL DISTRICT

EXHIBITS

I, Pamela K. Waits, Official Court Reporter in and for the 413th District Court of Johnson County, Texas, do hereby certify that the following exhibits constitute true and complete duplicates of the original exhibits, excluding physical evidence, offered into evidence during the Trial in the above-entitled and numbered cause as set out hereinbefore the Honorable William C. Bosworth, Jr., Judge of the 413th District Court of Johnson County, Texas.

WITNESS MY OFFICIAL HAND on this the 15 day of January, 2013.

  
Pamela K. Waits, Texas CSR #4991  
Expiration Date: 12/31/13  
Official Court Reporter  
413th Judicial District  
Johnson County, Texas  
204 S. Buffalo Avenue  
Cleburne, Texas 76033  
(817) 556-6041

**FILED IN**  
**COURT OF CRIMINAL APPEALS**

**JAN 22 2013**

**Abel Acosta, Clerk**

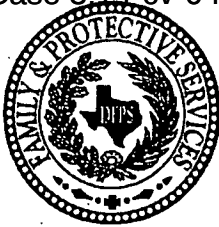
**ORIGINAL**

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EXHIBIT INDEX  
VOLUME 66

DEFENSE  
EXHIBIT

NO.	DESCRIPTION	OFFER	ADMIT	VOL.
64-1A	Business Records/CPS	71	72	52
	*Pages 298 - 420 only			
	*Pages 1 - 297 contained in Vol. 65			
64-1B	Business Records/CPS	71	72	52
	*Pages 421 - 595 only			
	*Pages 596 - 850 contained in Vol. 67			



TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

COMMISSIONER  
Anne Heiligenstein

My name is Zahira Sims. (Please print)

On May 6, 2010, the Childcare Licensing Division of the Texas Department of Family and Protective Services (DFPS) sought permission to interview the following child or children during an investigation of a childcare operation:

Lifeline Children Services (Zahira Sims home).

My relationship with these children is as follows:


my daughters Xavier Sims, Zaire Sims.

Although the above-identified child/children is/are not in care of the childcare operation, the investigator seeks to interview the child/children in an effort to find information relevant to the investigation of the childcare operation. I understand that I do not have to give DFPS permission to interview the above-identified child/children. But I understand that in the event that I do not give DFPS such permission, DFPS may seek a court order to conduct an interview.

INITIAL as appropriate:

☒ I **GIVE** permission for the DFPS investigator to interview the above-identified child/children.

☐ I **DO NOT GIVE** permission for the DFPS investigator to interview the above-identified child/children.

  
Signature of Person who provided or refused consent

5/6/2010  
Date

Penelope Baldwin   
Name and Signature of Investigator who sought consent

5/6/2010  
Date

## **DRIVING RECORD STATEMENT—Foster Parent**

Date: 5/18/07

Foster Parent Name: Zahira Sims

Foster Parent's Driver's License Number \_\_\_\_\_ Date of Birth: 11/07/1965

I, Zahira Sims, understand that:

- A. It is necessary to have use of driving skills in order to perform the job for which I am currently employed.
- B. My safe driving record must be maintained in order to remain employed in my current capacity.
- C. If I drive my personal vehicle in the course of business, I must maintain minimum liability insurance as required by state law.

It is with the acknowledgment and understanding of the Standards listed below that I hereby attest that I have had 0 tickets which involved accidents within the last three years.

I understand that if my driving record is outside the Company Standards, I will be terminated from my current position. I also understand that if a driver's license check reveals a driving record that differs from what is reported here, I will be terminated.

ZK  
Foster Parent Signature

5/18/07  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

### **Lifeline Children & Family Services Driving Standards**

- A. All Foster Parents who drive a Lifeline Children & Family Services vehicle or their own vehicle in the course and scope of employment must meet certain driving record standards, as defined by vehicle insurance requirements. Prospective Foster Parents who do not meet these standards will not be eligible for employment with Lifeline Children & Family Services Minimum Standards for employment:
  - 1. All drivers must be 19 years old as of last birthday and must have a valid Texas Drivers License.
  - 2. Drivers 19 to 22 and under may have no more than one traffic violations.
  - 3. Drivers 23 and over may have no more than two traffic violations or one accident and one traffic violation during the three year period, ending at the date of the application.
  - 4. All drivers using personal vehicles in the course of business must maintain minimum liability insurance as required by state law.
- B. Foster Parents found driving under the influence of non-prescribed controlled substances or alcohol will be subject to immediate discharge (see policy on Discharge).
- D. All drivers who are at fault in any accident while operating a Lifeline Children & Family Services vehicle may be subject to immediate termination.
- F. Foster Parents who have more than two traffic violations in any three year period during the course of his or her employment, may be transferred to another job not requiring that Foster Parent to drive if such a position exists, and the Foster Parent is eligible (see policy on Internal Applicant). If no position is available the Foster Parent may be subject to termination.

*All prospective Foster Parents must a) provide proof of insurance if the job for which they are applying requires them to drive their personal vehicle on company business; and b) sign a release of driver's records form at the time of application for employment. At that time and twice each year of employment, Foster Parents must also attest that his or her driving record is accurate as reflected on the release form and is in compliance with Company standards.*

### **DRIVING WAIVER**

I have been advised that I am not permitted to drive company vehicles under any circumstances until such time as I have

- A. obtained a valid and current Texas Drivers License
- B. have an acceptable driving record within company standards
- C. have personal vehicle insurance if used on company business
- D. have provided the regional office with proof of same

ZK  
Foster Parent Signature

\_\_\_\_\_  
Witness Signature

Zahira N. Sims  
Printed Name of Foster Parent

\_\_\_\_\_  
Date

**LCFS QUARTERLY FOSTER HOME REVIEW**

Sims, Zahira, Licensed, DFW (Home Intake)  
 Home's MIS ID: 179  
 Home Name (Last Name, Father and Mother) : Sims, Zahira  
 Home Address (Physical address): 2805 Briar Hill Drive  
 City : Grand Prairie  
 State : TX  
 Zip : 75052  
 Phone : 972-641-7892  
 Licensed? : Licensed  
 Office : DFW  
 License Number : 876136-3730  
 LCFS Case Manager Assigned to Home : Moten, Yolanda  
 Foster Home Closed? : No

**Date of Review**

Date of Review	3/31/2010
Type of Visit	Unannounced
Next Due Date	6/30/2010
Name of Foster Family (Last Name, Father & Mother)	Sims, Zahira

**FIRST QUARTERLY REVIEW SINCE LICENSURE**

Only fill this section out if this is the first quarterly review since the family was licensed. It is not necessary to fill this section out on subsequent Quarterly Reviews.

Document the family's strengths and needs in regard to caring for the children in their home

**SECOND QUARTERLY REVIEW SINCE LICENSURE**

Only fill this section out if this is the second Quarterly Review since licensure. It is not necessary to fill this out when doing any subsequent reviews

**INCREASING NUMBER OF CHILDREN PLACED IN THE HOME**

This section to be filled out once the family has had children placed through LCFS for at least 6 months (or at the quarterly review closest to that time frame). It does not need to be filled out at any other time.

The family demonstrates the ability to care for more than 2 foster children in their home:	Yes
--	-----

**Events & Issues (News)**

(Minimum Standards Evaluated: Appendix F-3200 and F-3300/G-3200 and G-3300)

A. CHANGES IN THE PHYSICAL FACILITY	None this quarter or the previous quarter.
If there have been changes in the physical facility, is a new floor plan in the file?	No

(Minimum Standards Evaluated: F-1200.2 and 1200.3, F-1300/G-1200.2 and 1200.3, G-1300)

B. CHANGES IN FAMILY STRUCTURE—all parties authorized by LCFS & in compliance with Minimum Standards	none
<b>D. TRAINING NEEDS</b>	
Date of Licensure	6/15/2007
Orientation Date	5/15/2007
<b>Foster Father Training</b>	
See attached training report for itemized list of training for the foster father.	
# of hours completed current year	0.00
# of hours needed for current year	0
<b>Foster Mother Training</b>	
See attached training report for itemized list of training for the foster mother.	
# of hours completed for current year	0
# of hours needed for current year	0
<b>E. INSPECTIONS, ETC.</b>	
Pet inspections are due annually unless specified otherwise by the veterinarian. In this section, please list specific due dates for each pet (if the due dates are different).	
Pet Vaccinations	NONE
TB Tests: Include all biological family members. If the family has adopted children, include them here, as well. (Only if the adoption has been finalized). Do not include foster children.	
TB tests for all family members (annual due date):	All family members have TB test on file.
Background Checks: Include due dates for foster father and foster mother as well as any biological or adopted children 14 and older.	
Updates in Life Books for all foster children in the home:	Yes
<b>F. DRIVERS THAT TRANSPORT CHILDREN</b>	
Current Driver's License and good driving record - Foster Father:	Yes
Current Driver's License and good driving record - Foster Mother:	Yes
Proof of insurance meeting TDPS liability requirements:	Yes


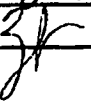
Passenger restraints which meet the requirements of state law:	Yes
<b>G. GROUP HOMES ONLY</b>	
<b>H. FOSTER FAMILY NEEDS</b>	
(Cite all non-compliances by referencing the appropriate Minimum Standard)	
Previous Needs/Citations over the last quarter:	A corrective action plan was issued on 12-1-09 for non-compliance regarding timely submission of end-of-month paperwork. The foster parent successfully adhered the corrective action plan.
Stating Needs: This information comes from the "New Needs" section of the previous Quarterly Review. Please note if the need was resolved or unresolved.	
New Needs/Citations from this review:	Citations were issued for the following for non-compliance of Minimum Standard: 1-5-10: MS 749.3109 (a) 3-5-10: MS 749.1421 and 749.1401-TB was not received in a timely manner
Action Plan	1-5-10: Transportation is to be provided for the youth to and from all activities to include school. Transportation is to be provided by the foster parent and/or a CPS or agency authorized transporter. The youth may walk as long as Ms. Sims is walking with them. At no time are the youth to be unseprvised becasue of their age, behaviors and LOC. 3-5-10: Ms. Sims will have to submit to Lifeline all medical, dental and any other treatment services documentation received according to DFPS' Minimum Standards. The youth is to receive health services in accordance to DPFS' Minimum Standards.
Stating New Needs: List any new needs found after completing this quarterly review. The family should be cited if they are out of compliance with any item.	none
Follow-Up (past and future):	CTK system was checked Tuesday mornings for the submission of monthly documentation.
What action plan must the family follow in order to get in compliance with all Minimum Standards. Include time frames for when the family must complete or turn in necessary paperwork/trainings.	
Include what LCFS staff will do to ensure that the family has or will comply with the action plan.	
<b>Minimum Standards Evaluation Questions</b>	
Has any family member been involved in any activity that would be classified as a felony or misdemeanor against a person or family, or of public indecency, or violation of the Texas Controlled Substances Act? If yes, explain.	
Re: Appendix G-1300.4 and G-1300.5	No

Does the foster family continue to follow the standards with regards to the medical needs of the foster children? (Medications given by foster parents, except when the child is participating in a medically approved self-medication program, medications given per instructions on bottle and in the original container, in a locked storage area, refrigerated medications in a container separate from food, disposed of when the child leaves the home or meds are out of date, psychotropic medications are properly administered and documented with the foster parent's signatures on the form). If no, explain.	
Re: Appendix F-2500/G-2500	Yes
Have the foster parents followed emergency procedures per agency policy? If no, explain.	
Re: Appendix F-4100/G-4100	yes
Is a copy of the license on display in the home?	
Re: Appendix F-4200.3/G-4200.3	yes
Are there any items on the "Foster Family File Checklist" that are not in compliance? If so, please list and delineate the plan of correction.	
Re: 2200.7 and 8, 2320, 2420, 2421, Appendix G-2100.2, Appendix F-3300/G-3300	no
Is the composition of the foster home consistent with verification?	
Re: Appendix F-1200.5/G-1200.5	yes
List any conflicts of interests, e.g., different types of care that are conflicting; staff/space conflicting, children acting as staff, etc.	
Re: Appendix G-1300.4 and G-1300.5	none
If child is placed with: Primary Medical Needs, see Appendix H Habilitative needs, see Appendix I Autistic-like needs, see Appendix K	
Additional Appendices	none
<b>Additional Information:</b>	
Include any trainings needed as indicated by low scores in the "competency" section.	
Foster Family's comments to anything listed on this Quarterly Review:	
<b>Competencies</b>	
Supports relationships with biological family members	Always
Connects children to relationships designed to last a lifetime	Always
Meets developmental needs and addresses developmental delays	Always
Works as a member of a professional team	Always



Supports the cultural needs of children in the home	Always
Implements and follows "Safe Touch" procedures	Always
<b>Signatures:</b>	
Signature/Title/Date	X Yolanda Lynn, MA 3-31-10
Signature/Title/Date	X
Quarterly Review Is Complete	
Upon finishing of this Quarterly Review, please indicate that it is thoroughly complete by clicking "Yes."	Yes
Case Manager Completing Quarterly Review	Moten, Yolanda
Reviewing Supervisor	Turner, Traneika

Pages 233 through 255 redacted for the following reasons:  
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<p>The incident you are being cited for &amp; the date of occurrence:</p>	<p>On 12-05-10, the foster parent called to inform Lifeline staff that Quorbin Riddle had not arrive home with the other school children. She immediately called 911 to file a missing report. Ms. Sims left the home and searched the neighborhood. Ms. Sims went to the school to check for the youth. The youth was brought back to school by a neighborhood parent. After locating the youth, the foster parent called to police to cancel the missing child report and to inform Lifeline staff of his location. No police report was issued because the police never came out to the home.</p> <p>It was not approved by the treatment team nor written in the treatment plan that the youth are allowed to walk to and from school.</p> <p>Due to their age, behaviors and LOC it is recommended by the Lifeline treatment team that the youth in Ms. Sims home not be allowed to walk to and from school.</p> <p>Transportation is to be provided for the youth to and from all activities to include school. Transportation is to be provided by the foster parent and/or a CPS or agency authorized transporter.</p> <p>The youth may walk as long as Ms. Sims is walking with them. At no time are the youth to be unsupervised because of their age, behaviors and LOC.</p>
<p>A copy of this letter will be placed in your file. If you have a grievance, please refer to the grievance procedure explained in your Foster Parent Handbook under Foster Adopt Parent Rights.</p>	
<p>Sincerely (Name and Title)</p>	<p>Yolanda Y. Moten, MA</p>
<p>CC: Ricky Walter (LCFS Executive Director), Foster Family File, Regional Director</p>	
<p>Name of Regional Director</p>	<p>X  LCFS</p>
<p>Foster Parent Signature</p>	<p>X </p>

**LCFS FOSTER HOME CORRECTIVE ACTION PLAN**

Sims, Zahira, Licensed, DFW (Home Intake)  
 Home's MIS ID: 179  
 Home Name (Last Name, Father and Mother) : Sims, Zahira  
 Home Address (Physical address): 2805 Briar Hill Drive  
 City : Grand Prairie  
 State : TX  
 Zip : 75052  
 Phone : 972-641-7892  
 Licensed? : Licensed  
 Office : DFW  
 License Number : 876136-3730  
 LCFS Case Manager Assigned to Home : Moten, Yolanda  
 Foster Home Closed? : No

**Action Plan**

Foster Home Name (Last Name, Father & Mother)	Sims, Zahira
Date of Plan:	1/5/2010
Worker writing/overseeing this plan:	Yolanda Moten

**Incidents preceding plan of correction:**

The youth in Ms. Sims home were allowed to walk home without prior approval from the treatment team, CPS or written as apart of the treatment plan. While in route, Quorbin Riddle walked down the wrong street talking to companions; therefore he did not arrive home. The youth was returned to the school by a neighborhood parent who knew Ms. Sims as well. Ms. Sims called 911 and reported him missing. She then searched the neighborhood and returned to the school. It was there she located and secured the youth in her possession.

**Corrective Plan:**

Due to their age, behaviors and LOC it is recommended by the Lifeline treatment team that the youth in Ms. Sims home not be allowed to walk to and from school.

Transportation is to be provided for the youth to and from all activities to include school. Transportation is to be provided by the foster parent and/or a CPS or agency authorized transporter.

The youth may walk as long as Ms. Sims is accompanying them. At no time are the youth to be unsupervised because of their age, behaviors and LOC.

**Corrective Action Plan Signatures**

Worker Completing Form	Moten, Yolanda
Foster Parent(s)	X <i>3/5</i>
Agency Staff	X <i>Quorbin Riddle, MA</i>
Supervisor	X
Child Placement Management Staff	X <i>[Signature]</i> <i>LC8</i>

This Corrective Action Plan is complete	No <input checked="" type="checkbox"/> Yes
Clicking "Yes" verifies that this corrective action plan is thoroughly complete.	

Case Name: Riddle, Michelle R
Case #: 28219515
Child's Name: Michael Rex Riddle
DOB: 10/19/2005

### Common Application for Placement of Children In Residential Care

#### LEVEL OF CARE ASSESSMENT A. Screening Profile

Child's Name Michael Rex Riddle		Date of Birth 10/19/2005	Age 3	Social Security Number 639-98-0209	
Sex Male	Ethnicity White (non-Hispanic)	Primary Language English	Place of Birth (city, state, country) Texas		Child's Agency ID Number 42247526
Height 5' 0" in	Weight 10	Religious Preference	Child's Current Location or Placement See current placement log		
Country of Citizenship US Citizen					

1. Briefly describe your impressions of the child including present problems:  
Michael Rex appears to enjoy playing with toy cars and having a good time. Michael Rex is a fun child that enjoys singing, playing games and being a kid. Michael Rex enjoys jokes and laughing. Michael Rex can throw fits which can include hitting, spitting, kicking and biting. Michael Rex tends to curse when he gets upset. Michael Rex has sexually acted out "dry humping" and oral sex with his siblings and foster sibling.

**Briefly describe the child's strengths:**

Michael Rex is an incredibly likeable young man who responds well to praise and approval from adults.

2. **Special Needs, Problems and Behaviors**

Is child considered a danger to self?	Yes	No <input checked="" type="checkbox"/>	Is child considered a danger to others?	Yes	No <input checked="" type="checkbox"/>	Number runaways from home: 0
Number runaways from placement: 0			Any history of setting fires?			Yes
Special Program Needs?						
Maternity	Yes	Preparation for Adult Living		Yes	Other:	Specify:

3. **Juvenile Justice History**

Does the child have a history of involvement with the juvenile justice system? Yes No ☒ Unknown

If Yes:	Number of referrals to juvenile authorities:	Number of adjudications for delinquent acts:	Number of adjudications for CINS offenses:	Current Offense
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4. **Placement History**

Has the child been placed away from home before? Do not include stopover placements such as emergency shelters, detention, TYC Reception Center, informal placements with relatives, or return (s) to home

Yes ☒ No Unknown

If yes: Number of previous out-of-home placements:	See current placement log	Number of failed adoption placements:	See current placement log	LOC of current/most recent out-of-home placement:	Basic
Date of discharge from most recent out-of-home placement: See current placement log	Reason for Discharge: Request of Foster Home and Placement Agency				

5. **Substance Abuse History**

Does the child have a history of substance abuse?

If yes, indicate degree of substance abuse:

Yes No ☒ Unknown

<b>Case Name:</b> Riddle,Michelle R	
<b>Case #:</b> 28219515	
<b>Child's Name:</b> Michael Rex Riddle	<b>DOB:</b> 10/19/2005

**Common Application for Placement of Children in Residential Care**

<b>Alcohol</b>					<b>Inhalants</b>				
Unknown	None	Mild	Moderate	Severe	Unknown	None	Mild	Moderate	Severe
<b>Cocaine/Crack</b>					<b>Marijuana</b>				
Unknown	None	Mild	Moderate	Severe	Unknown	None	Mild	Moderate	Severe
<b>Other Drugs (Specify)</b>									
					Mild Moderate Severe				
<b>Is specialized program required?</b>									
Yes	No	Unknown			If yes, specify:				

Case Name: Riddle, Michelle R
Case #: 28219515
Child's Name: Michael Rex Riddle
DOB: 10/19/2005

### Common Application for Placement of Children in Residential Care

**6. History of Abuse and Neglect (SEE SECTION 8)**

Does the child have a history of abuse or neglect? ..... Yes \_\_\_ No X Unknown \_\_\_

If yes, indicate degree: Physical					Sexual				
Unknown	None	Mild	Moderate	Severe	Unknown	None	Mild	Moderate	Severe
Emotional					Neglect				
Unknown	None	Mild	Moderate	Severe	Unknown	None	Mild	Moderate	Severe
Abandonment?					Yes ___ No ___ Unknown ___				

**7.-8. Family/Parental Involvement**

Legal Status: TMC as of 5/11/2009			
Will family/others participate in treatment or cooperate with others?		Can child return home?	
Yes	No	Yes-Permanently	No-Not At All For Visits Only Unknown

**9. Education**

Highest Grade Completed	Currently Enrolled in School?	Educational Needs		
	Yes ___ No <u>X</u>	Regular Classes	Vocational	Resource
History of Truancy?		Other	Special Education	On Campus
Yes ___ No ___ Unknown ___		(specify):		
IQ Scores: Full Scale Verbal Performance		Date of Most Recent IQ Test	Name of Test	
Unknown				

**10. Physical Health/Disabilities**

Does the child have a diagnosed or suspected health condition or disability? ..... Yes \_\_\_ No X Unknown \_\_\_

If yes, describe the condition and treatment required, if any

Condition			Severity			Requires Specialized Treatment		
Acute	Chronic	Unknown	Mild	Moderate	Severe	Yes	No	Unknown
			Unknown					
List Current Medications					List Allergies			

**11. Mental Health**

Does the child have mental health needs requiring treatment? ..... Yes \_\_\_ No X Unknown \_\_\_

Date of most recent psychological or psychiatric evaluation: ..... 08/09

DSM III Diagnosis: .....

Condition			Severity			Requires Specialized Treatment		
Acute	Chronic	Unknown	Mild	Moderate	Severe	Yes	No	Unknown
			Unknown					
Psychotropic medications prescribed?			If yes, specify:					
Yes ___ No <u>X</u> Unknown ___								
Referring Agency/Organization			Agency Contact Person			Telephone No. (Inc. A/C)		



Case Name: Riddle, Michelle R.	
Case #: 28219515	
Child's Name: Michael Rex Riddle	DOB: 10/19/2005

**Common Application for Placement of Children in  
Residential Care**

FPS		Dustin Climer	(940) 812-4127
Agency Address			
715 E CALIFORNIA GAINESVILLE, TX, 76240-4189			
Name of Person Completing Form		Title	Date Completed
Dustin Climer		CPS Specialist II	8/9/2009
Where Placed - Facility Name and Location			
See current placement log			

<b>Case Name: Riddle,Michelle R</b>	
<b>Case #: 28219515</b>	
<b>Child's Name: Michael Rex Riddle</b>	<b>DOB: 10/19/2005</b>

**Common Application for Placement of Children In  
Residential Care**

A. Recommended level of care ..... Moderate

List the key elements, in order of importance, that led you to the recommended Level of Care:

**1. Most Important:**

Michael Rex has sexually acted out "dry humping" with his siblings and foster siblings.

**2. Next most Important:**

Michael Rex has occasional tantrums which can be physical in nature.

**3. Third most Important:**

Michael Rex needs constant supervision.

Other considerations or comments, if any:

B. Billing Level of Care ..... Basic

If the billing level of care is different from the recommended level of care, explain:  
Change in level of care has been requested to moderate

<b>Case Name:</b> Riddle,Michelle R	
<b>Case #:</b> 28219515	
<b>Child's Name:</b> Michael Rex Riddle	<b>DOB:</b> 10/19/2005

### Common Application for Placement of Children in Residential Care

**C. Referral/Admissions Packet**

CONTENTS		
SECTION 1--Social and Developmental Assessment	SECTION 5--Substance Abuse History	SECTION 9--Education
SECTION 2--Special Needs, Problems, and Behaviors	SECTION 6--History of Abuse/Neglect	SECTION 10--Physical Health/Disabilities
SECTION 3--Juvenile Justice History	SECTION 7--Family History	SECTION 11--Mental Health
SECTION 4--Placement History	SECTION 8--Financial Information	SECTION 12--Other Attachments

**SECTION 1--Social and Developmental Assessment**

Describe the child's general social and developmental history. Feel free to expand the description of your impressions of the child. Be sure to include all of the following:

- A. A description of the circumstances that led to the child's referral.  
Michael Rex was in a home that was physically abusive.

- B. The immediate and long-range goals of placement.  
Immediate goals of placement are a safe and stable home for Michael Rex, long-range goals of placement would be a permanent home with parents, kinship home or foster home.

- C. A description of the child's relationship with other significant adults and children.

Rex's parents are Quen'in and Michelle Riddle. They were married for six years and were legally divorced on 3/31/2009. Mr. Riddle is employed in maintenance at Lake Kiowa. Ms. Riddle is employed at Shooter's Bar and Grill in Oak Ridge. Mr. Riddle appears to have a problem with anger and physically disciplining his children excessively. Ms. Riddle was physically assaulted by Mr. Riddle and left. Ms. Riddle allowed her children to remain in the care of Mr. Riddle. Ms. Riddle did not work services with FBSS. Mr. Riddle has two assault charges. Mr. Riddle and Ms. Riddle have no substance abuse history. Rex has an older brother, Quorbin and an older sister, Skylar. He is bonded and attached to his siblings. The maternal aunt and maternal grandparents have expressed the desire to care for the children. The paternal grandmother has also expressed an interest. The paternal grandmother sees the children on a regular basis. The maternal grandmother stated she has not seen the children since December 2008.

- D. A description of the child's behavior, including both appropriate and inappropriate behavior.  
Rex appears to be doing well in his placement. He has been cursing and spitting. He is being put in time-out on a regular basis. The foster parent is working with Rex on his behavior and establishing rules. Rex is attending play therapy for his behavior. Rex is placed with his siblings.
- E. The child's developmental history and current level of functioning.  
Michael Rex's development seems to be on target, he has no major functional difficulties.

<b>Case Name:</b> Riddle,Michelle R	
<b>Case #:</b> 28219515	
<b>Child's Name:</b> Michael Rex Riddle	<b>DOB:</b> 10/19/2005

**Common Application for Placement of Children in  
Residential Care**

**SECTION 2--Special Needs, Problems and Behaviors**

Describe in detail the special needs, problems, or behaviors identified in Section 2 of the Screening Profile.

- A. **Suicide history. Describe in detail suicide attempts and suicidal gestures. Include the number of suicide attempts, and the date of the last known suicide attempt.**  
None
- B. **History of assaultive behavior.**  
Hitting of siblings/adults when upset.
- C. **Runaway history.**  
None
- D. **Other significant needs, problems and behaviors (including setting fires, maternity, etc.).**  
Michael Rex has been sexually acting out by "dry humping" his siblings and foster siblings.

Pages 266 through 279 redacted for the following reasons:  
.....

## SSMS CLIENT INFORMATION

CLIENT NBR:508092037	SSN:452872368	BIRTH DATE:01-27-82
NAME:SAENZSOLIZ MARK A	SEX:MALE	ORIG EFF DT:12-18-91
ADDRESS:5200 S BUCKNER BLVD	ETHNIC:HISPANIC	OLD CL:
CITY:DALLAS	MARITL:NA	COUNTY:057
STATE:TX ZIP:75227	CHARCT:ED	

## SSMS PLACEMENT HISTORY

LINE:02	
NAME:SOLIZ DONNA	RESIDENCE:BUCKNER BAPTIST CHILDR
ID NBR:508092036	ADDRESS:5200 S BUCKNER BLVD
PERM PLAN:FAM REUNIFICATION	CITY:DALLAS
ARE/OTHER EXCHANGE:NA	STATE:TX
LIVING ARRANGEMENT:21	ZIP:75227
HOW PROVIDED:10	COUNTY:057
TRACKING BJN:03154C02	PLACEMENT:11-27-95
FACILITY:255282	

## SSMS LEGAL HISTORY

(1)	(2)	(3)
LEGAL:MC/PR NOT TERM	LEGAL:DHR RSPNS TERM	LEGAL:OTH LEGL BASIS
STATUS DATE:11-28-95	STATUS DATE:11-27-95	STATUS DATE:02-17-94
LEGAL COUNTY:220	LEGAL COUNTY:JPC	LEGAL COUNTY:JPC

**FOSTER CARE/MEDICAID ELIGIBILITY CHECKLIST**

*Linda Schmidt*  
Unit 54  
819-1

HILD'S NAME Mark Soliz 12-6-95

NOTE: CHILD MUST BE CANRISED AND ON SSMS BEFORE ELIGIBILITY CAN PUT THEM ON FOSTER CARE

The following forms must be submitted to the Eligibility/Accounting Unit within 5 days of placement for each child in substitute care:

**INITIAL PLACEMENT (REMOVAL):**

☒ Form 2646 (Placement Information)--1 copy to Bookkeeping *send to Melisa Jones (Bookkeeper)*

Submit the following as a packet to Eligibility at removal

<input type="checkbox"/>	Form 2200A--Foster Care Assistance Application
<input type="checkbox"/>	Copy of Original Petition with date filed indicated
<input type="checkbox"/>	Copy of Court Order designating PRS as Managing Conservator
<input checked="" type="checkbox"/>	Copy of child's Birth Certificate <u>or</u> BC ordered through accounting <u>or</u> Evaluative Conclusion completed and signed by supervisor on the 2200A.
<input type="checkbox"/>	Child's Social Security Number <u>or</u> a copy of the Form SS5
<input checked="" type="checkbox"/>	Form 2001-A (FACTS FORM).
<input checked="" type="checkbox"/>	Child's Level of Care Report <i>send to Linda Jefferson</i>
<input type="checkbox"/>	Level of Care <u>approval</u> from Youth for Tomorrow for Levels of <u>2, 3, 4, 5, or 6</u>

**SUBSEQUENT PLACEMENTS:**

☐ Form 2646 (Placement Information)--1 copy to Bookkeeping and 1 to Eligibility

☐ Form 2001B--FACTS

☐ Child's Level of Care Report---Only if different from previous placement's LOC

☐ Level of Care approval from Youth for Tomorrow for Levels of 2, 3, 4, 5, or 6  
---Only if different from previous placement's LOC

**ADOPTIVE PLACEMENTS:**

☐ Form 2646 (Placement Information)--1 copy to Bookkeeping and 1 to Eligibility

☐ Form 2001B--FACTS

**DISCHARGE FROM SUBSTITUTE CARE:**

☐ Form 2646 (Placement Information)--1 copy to Bookkeeping and 1 to Eligibility

☐ Form 2001B--FACTS

IF YOU HAVE ANY QUESTIONS, CALL US

BRENT DAHL 817/534-1002 x403 (Reviews, LOC's, FACTS, Inquiry, and problem cases)  
SHIRLEY DOMINY 817/534-1002 x343 (Applications, FACTS, and Inquiry)  
TAMMIE JACKSON 817/534-1002 x421 (Billing, FACTS, Inquiry, and problem cases)

PLEASE RETURN TO: ELIGIBILITY (MC348) 2700 BEN AVE; FT WORTH, TX 76103

# **YOUTH FOR TOMORROW** **UTILIZATION REVIEW AND REAUTHORIZATION SERVICE FORM**

Date Completed: 12/14/1998

To: Laura Flores, CPSS, Tarrant Co. CPS

From: L. Trevino LMSW-ACP, Reviewer

Subject:

Child's Name Mark A. Saenz (Soliz)	Medicaid # 508092037	CAPS Identifier
Placement NSR - Contreras Ther. Foster Home	Date Admitted 09/17/1998	Review Date 12/11/1998

## **INDICATORS**

### **Needs Services Safety and Security Needs/Behavioral Management Services**

- |       |   |  |
|-------|---|--|
| 1     | 1 | Age appropriate behaviors in all areas. Responds to normal discipline. No aggression or self abuse.                        |
| 2     | 2 | Infrequent minor aggressive behavior. Responds to supplemental discipline and modifies inappropriate behavior.             |
| [ 3 ] | 3 | Verbally aggressive behaviors with minor incidents of physical aggression/self abuse. Responds to behavioral               |
| 4     | 4 | Frequent acts of physical aggression/self injurious behavior. Responds to verbal/behavioral interventions. Participates in |
| 5     | 5 | Unpredictable, severe, physical aggression/self injurious behavior. Requires 24 hour supervision, physical and/or medical  |
| 6     | 6 | Imminent danger to self and others. Requires maximum staffing and secure setting. Requires 24 hour intervention until      |

### **Needs Services Medical Needs/Medical Services**

- |       |   |  |
|-------|---|--|
| 1     | 1 | Requires routine medical care.   |
| 2     | 2 | No more than minor medical conditions, follow-up within a routine home environment.  |
| [ 3 ] | 3 | On-going medical follow-up required due to instability of mood, behavior, or physical condition.                           |
| 4     | 4 | Monthly monitoring by a physician due to instability of mood, behavior, or physical condition.                             |
| 5     | 5 | Requires frequent medical interventions due to erratic conditions which require stabilization.                             |
| 6     | 6 | Life threatening conditions requiring physician's orders for PRN medications or special interventions. May require 24 hour |

### **Needs Services Socialization Needs/Recreation Services**

- |       |   |  |
|-------|---|--|
| 1     | 1 | Situational and age-appropriate problem solving and social skills in all social settings.                                      |
| 2     | 2 | Requires occasional guidance to assist with age-appropriate problem solving, social skills, limit testing of social norms, and |
| [ 3 ] | 3 | Develops independence in a variety of settings. Requires frequent guidance for reinforcement of pro-social behaviors.          |
| 4     | 4 | Limited social and problem-solving skills. Requires planned activities to increase social skills and eliminate anti-social     |
| 5     | 5 | Unable to problem solve or choose appropriate social behaviors. Focus on safety issues and internalization of pro-social       |
| 6     | 6 | Unable to participate in social functions. Demonstrates high risk behaviors that reflect a lack of awareness of safety and     |

### **Needs Services Education Needs/Education Services**

- |       |   |   |
|-------|---|---|
| 1     | 1 | Maintains satisfactory academic and behavioral performance according to developmental level.                                |
| 2     | 2 | No more than occasional minor problems with academic and/or behavioral performance.   |
| [ 3 ] | 3 | Frequent, minor problems requiring occasional adult interventions for academic and/or behavioral performance.               |
| 4     | 4 | Behavioral problems result in impaired school performance requiring additional supervision or alternate educational setting |
| 5     | 5 | Continuously disruptive behaviors which can affect school performance and requires maximum supervision in an alternate      |
| 6     | 6 | Behavior problems require one-on-one supervision and/or modified educational plan.  |

### **Needs Services Relationship Development Needs/Therapy Services**

- |       |   |  |
|-------|---|--|
| 1     | 1 | Able to trust, form positive relationships and actively function as a part of the family unit.                                   |
| 2     | 2 | Generally able to trust and maintain positive relationships while remaining in a family unit with therapeutic intervention.      |
| [ 3 ] | 3 | Limited ability to trust and maintain positive relationships while remaining in a family unit with therapeutic intervention.     |
| 4     | 4 | Moderate difficulty in establishing trust, forming positive relationships. Functions in family type unit or alternative setting. |
| 5     | 5 | Limited ability to interact with others, to trust or be trusted. Requires external controls within a therapeutic environment.    |
| 6     | 6 | Grossly impaired interpersonal relationships with no evidence of an ability to trust. Requires 24 hour therapeutic               |



## Utilization Review for Mark A. Saenz, page 2

## RISK INDICATORS

- |   |  |
|---|--|
| <input type="checkbox"/> Suicide threat attempt | <input type="checkbox"/> Self-abusive      |
| <input type="checkbox"/> Physical aggression    | <input type="checkbox"/> Sexual acting out |
| <input type="checkbox"/> Substance abuse        | <input type="checkbox"/> Destroys property |
| <input type="checkbox"/> Runaway                | <input type="checkbox"/> Low FSIQ          |
| <input type="checkbox"/> Failed placements      | <input type="checkbox"/> Fire setting      |

Other:

## RISK ASSESSMENT

☐ 2 Minimal    ☒ 3 Minor    ☐ 4 Moderate    ☐ 5 Severe    ☐ 6 Critical

## COMMENTS:

Mark was last authorized for LOC 4 services from 8/1/98 to 10/31/98. He has a history of periodic substance abuse and aggression, with multiple runaways in 1997, and past gang affiliation. His last known instance of inappropriate behavior was his last night in shelter care on 9/16. He became agitated, put a shirt around his neck, and left without permission from 11pm to 2am before coming back on his own. Since placement in the home he has been "mild mannered" with improved social skills, improved relationships, and "is more responsible". He continues to take Adderall and Serzone. He is in 10th grade special education with mostly good to passing grades, and one "F" currently due to his not always completing work. Daily notes from 10/30 to 12/5 indicate occasional cursing, teasing, mutual peer threats, arguing, noncompliance, and horseplaying/hitting peers, but he is able to follow the routine with prompts and has had no incidents. He is noted to have some days with no complaints of any kind, and was on home visit with no concerns noted 11/25-11/29. He requires structure, support, and counseling available as needed. Should other concerns arise, please forward documentation for review. This UR authorizes services prior to the review date to extend services, as the previous authorization had expired.

If the PRS caseworker has any questions or additional information regarding this re-authorization of treatment services, please contact the YFT office at (817) 640-2833 within 10 days. If there are no questions or additional information, this re-authorization of services will be forwarded to PRS State Office.

## REAUTHORIZATION

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Continue in current setting  | <input type="checkbox"/> Continue at current LOC                 |
| <input type="checkbox"/> Placement in a less restrictive setting | <input checked="" type="checkbox"/> Decrease to Level of Care: 3 |
| <input type="checkbox"/> Placement in a more restrictive setting | <input type="checkbox"/> Increase to Level of Care:              |

Please contact Youth for Tomorrow at (817) 640-2833 if you have any questions. Thank you.

Re-authorization of services is effective November 1, 1998 and the expiration date is December 31, 1999.

L. Trevino LMSW-ACP, Clinical Healthcare Consultant

Approved: L. Trevino LMSW-ACP



# **YOUTH FOR TOMORROW** **UTILIZATION REVIEW AND REAUTHORIZATION SERVICE FORM**

Date Completed: 07/27/1998

To: Laura Flores, CPSS, Tarrant Co. CPS

From: Emily Rowland, Reviewer

AUG 3 REC'D

Subject:

Child's Name Mark A. Saenz (S0120)	Medicaid # 508092037	
Placement Desert Hills of Texas	Date Admitted 12/05/1997	Review Date 07/21/1998

**NEEDS****INDICATORS****SERVICES****MILIEU AND BEHAVIORAL MANAGEMENT**

<input type="checkbox"/> ] 1	Normal, routine home environment	<input type="checkbox"/> ] 1
<input type="checkbox"/> ] 2	Minimal supervision with guidance	<input type="checkbox"/> ] 2
<input type="checkbox"/> ] 3	Structure and supervised setting	<input type="checkbox"/> ] 3
<input checked="" type="checkbox"/> ] 4	24 hr. awake supervision as needed	<input checked="" type="checkbox"/> ] 4
<input type="checkbox"/> ] 5	24 hr. awake staff, limited access	<input type="checkbox"/> ] 5
<input type="checkbox"/> ] 6	Constant supervision, maximum staffing	<input type="checkbox"/> ] 6

**MEDICAL**

<input type="checkbox"/> ] 1	Routine medical and dental services	<input type="checkbox"/> ] 1
<input type="checkbox"/> ] 2	Routine medical and dental services	<input type="checkbox"/> ] 2
<input type="checkbox"/> ] 3	Medical and dental services; medications	<input type="checkbox"/> ] 3
<input checked="" type="checkbox"/> ] 4	Chronic, stable medical care; medications	<input checked="" type="checkbox"/> ] 4
<input type="checkbox"/> ] 5	24 hr. on-call medical and psychiatric care	<input type="checkbox"/> ] 5
<input type="checkbox"/> ] 6	24 hr. nursing care - expanded treatment plan	<input type="checkbox"/> ] 6

**RECREATION**

<input type="checkbox"/> ] 1	Parental supervision for activities and leisure time	<input type="checkbox"/> ] 1
<input type="checkbox"/> ] 2	Structured activities and leisure time	<input type="checkbox"/> ] 2
<input type="checkbox"/> ] 3	Supervised recreation and leisure time	<input type="checkbox"/> ] 3
<input checked="" type="checkbox"/> ] 4	Therapeutic designed recreation and leisure time	<input checked="" type="checkbox"/> ] 4
<input type="checkbox"/> ] 5	Individual therapeutic recreation plan - IDT	<input type="checkbox"/> ] 5
<input type="checkbox"/> ] 6	Stabilization goals with maximum staffing	<input type="checkbox"/> ] 6

**EDUCATION**

<input type="checkbox"/> ] 1	Appropriate educational services	<input type="checkbox"/> ] 1
<input type="checkbox"/> ] 2	Appropriate educational and related services	<input type="checkbox"/> ] 2
<input type="checkbox"/> ] 3	Formal liaison and coordination of services	<input type="checkbox"/> ] 3
<input checked="" type="checkbox"/> ] 4	Therapeutic designed adaptive educational program	<input checked="" type="checkbox"/> ] 4
<input type="checkbox"/> ] 5	Services coordinated with treatment plan; limited	<input type="checkbox"/> ] 5
<input type="checkbox"/> ] 6	Constant supervision with maximum staffing	<input type="checkbox"/> ] 6

**THERAPY**

<input type="checkbox"/> ] 1	Routine home environment	<input type="checkbox"/> ] 1
<input type="checkbox"/> ] 2	Within milieu and provided by TDPRS	<input type="checkbox"/> ] 2
<input type="checkbox"/> ] 3	Formal behavioral program and therapy PRN	<input type="checkbox"/> ] 3
<input checked="" type="checkbox"/> ] 4	Formalized therapeutic services	<input checked="" type="checkbox"/> ] 4
<input type="checkbox"/> ] 5	Treatment develop, review, supervise - IDT	<input type="checkbox"/> ] 5
<input type="checkbox"/> ] 6	Expanded treatment plan designed to stabilize	<input type="checkbox"/> ] 6

Utilization Review for Mark A. Saenz, page 2

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**RISK INDICATORS**

- |   |  |
|---|--|
| <input type="checkbox"/> Suicide threat attempt         | <input type="checkbox"/> Self-abusive      |
| <input checked="" type="checkbox"/> Physical aggression | <input type="checkbox"/> Sexual acting out |
| <input type="checkbox"/> Substance abuse                | <input type="checkbox"/> Destroys property |
| <input type="checkbox"/> Runaway                        | <input type="checkbox"/> Low FSIQ          |
| <input type="checkbox"/> Failed placements              | <input type="checkbox"/> Fire setting      |
- Other:

**RISK ASSESSMENT**

- ☐ 2 Minimal    ☐ 3 Minor    ☒ 4 Moderate    ☐ 5 Severe    ☐ 6 Critical

**COMMENTS:**

According to the records provided to YFT during this on-site utilization review, Mark's needs can now be met with LOC 4 services. It was noted he is attempting to change his attitude and behavior, and he is "beginning to make a positive and constructive contribution to his peer culture." Mark has been physically aggressive, and he required restraint on one occasion. Adderall and Serzone are prescribed.

If the PRS caseworker has any questions or additional information regarding this re-authorization of treatment services, please contact the YFT office at (817) 640-2833 within 10 days. If there are no questions or additional information, this re-authorization of services will be forwarded to PRS State Office.

**RECOMMENDED PLACEMENT:**

1. Buckner Chld.& Fam. Svcs., Dallas (214) 321-4543
2. Texas Bapt. Home for Chld., Waxahachie (972) 937-1321
3. Therapeutic Family Life, Arlington (817) 265-2328
4. For Children's Sake, Hurst (817) 268-2060
5. Presby. Chld.'s Svcs., Waxahachie (972) 937-1319

The suggested providers are intended as recommendations and do not constitute a referral. Bed space information is supplied to YFT by the providers. This information does not imply an immediate admission nor guarantee that the provider will accept the child.

**REAUTHORIZATION**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Continue in current setting  | <input type="checkbox"/> Continue at current LOC services        |
| <input type="checkbox"/> Placement in a less restrictive setting | <input checked="" type="checkbox"/> Decrease to Level of Care: 4 |
| <input type="checkbox"/> Placement in a more restrictive setting | <input type="checkbox"/> Increase to Level of Care:              |

Please contact Youth for Tomorrow at (817) 640-2833 if you have any questions. Thank you.

Re-authorization of services is effective August 1, 1998 and the expiration date is October 31, 1998.

Emily Rowland, Clinical Health Care Consultant

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Approved: Emily Rowland

**YOUTH FOR TOMORROW**  
**UTILIZATION REVIEW AND REAUTHORIZATION SERVICE FORM**

Date Completed: 04/23/1998

To: Laura Flores, CPSS, Tarrant Co. CPS

From: T. White MED LCDC, Reviewer

Subject:

Child's Name Mark A. Saenz / <i>Solis</i>	Medicaid # 508092037	
Placement Desert Hills of Texas	Date Admitted 12/05/1997	Review Date 04/22/1998

**NEEDS**

**INDICATORS**

**SERVICES**

**MILIEU AND BEHAVIORAL MANAGEMENT**

<input type="checkbox"/> 1	Normal, routine home environment	<input type="checkbox"/> 1
<input type="checkbox"/> 2	Minimal supervision with guidance	<input type="checkbox"/> 2
<input type="checkbox"/> 3	Structure and supervised setting	<input type="checkbox"/> 3
<input type="checkbox"/> 4	24 hr. awake supervision as needed	<input type="checkbox"/> 4
<input checked="" type="checkbox"/> 5	24 hr. awake staff, limited access	<input type="checkbox"/> 5
<input type="checkbox"/> 6	Constant supervision, maximum staffing	<input type="checkbox"/> 6

**MEDICAL**

<input type="checkbox"/> 1	Routine medical and dental services	<input type="checkbox"/> 1
<input type="checkbox"/> 2	Routine medical and dental services	<input type="checkbox"/> 2
<input type="checkbox"/> 3	Medical and dental services; medications	<input type="checkbox"/> 3
<input type="checkbox"/> 4	Chronic, stable medical care; medications	<input type="checkbox"/> 4
<input checked="" type="checkbox"/> 5	24 hr. on-call medical and psychiatric care	<input checked="" type="checkbox"/> 5
<input type="checkbox"/> 6	24 hr. nursing care - expanded treatment plan	<input type="checkbox"/> 6

**RECREATION**

<input type="checkbox"/> 1	Parental supervision for activities and leisure time	<input type="checkbox"/> 1
<input type="checkbox"/> 2	Structured activities and leisure time	<input type="checkbox"/> 2
<input type="checkbox"/> 3	Supervised recreation and leisure time	<input type="checkbox"/> 3
<input type="checkbox"/> 4	Therapeutic designed recreation and leisure time	<input type="checkbox"/> 4
<input checked="" type="checkbox"/> 5	Individual therapeutic recreation plan - IDT	<input type="checkbox"/> 5
<input type="checkbox"/> 6	Stabilization goals with maximum staffing	<input type="checkbox"/> 6

**EDUCATION**

<input type="checkbox"/> 1	Appropriate educational services	<input type="checkbox"/> 1
<input type="checkbox"/> 2	Appropriate educational and related services	<input type="checkbox"/> 2
<input type="checkbox"/> 3	Formal liaison and coordination of services	<input type="checkbox"/> 3
<input type="checkbox"/> 4	Therapeutic designed adaptive educational program	<input type="checkbox"/> 4
<input checked="" type="checkbox"/> 5	Services coordinated with treatment plan; limited	<input checked="" type="checkbox"/> 5
<input type="checkbox"/> 6	Constant supervision with maximum staffing	<input type="checkbox"/> 6

**THERAPY**

<input type="checkbox"/> 1	Routine home environment	<input type="checkbox"/> 1
<input type="checkbox"/> 2	Within milieu and provided by TDPRS	<input type="checkbox"/> 2
<input type="checkbox"/> 3	Formal behavioral program and therapy PRN	<input type="checkbox"/> 3
<input type="checkbox"/> 4	Formalized therapeutic services	<input type="checkbox"/> 4
<input checked="" type="checkbox"/> 5	Treatment develop, review, supervise - IDT	<input type="checkbox"/> 5
<input type="checkbox"/> 6	Expanded treatment plan designed to stabilize	<input type="checkbox"/> 6

Utilization Review for Mark A. Saenz, page 2

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### RISK INDICATORS

- |   |  |
|---|--|
| <input type="checkbox"/> Suicide threat attempt | <input checked="" type="checkbox"/> Self-abusive |
| <input type="checkbox"/> Physical aggression    | <input type="checkbox"/> Sexual acting out       |
| <input type="checkbox"/> Substance abuse        | <input type="checkbox"/> Destroys property       |
| <input type="checkbox"/> Runaway                | <input type="checkbox"/> Low FSIQ                |
| <input type="checkbox"/> Failed placements      | <input type="checkbox"/> Fire setting            |

Other:

### RISK ASSESSMENT

- ☐ 2 Minimal    ☐ 3 Minor    ☐ 4 Moderate    ☒ 5 Severe    ☐ 6 Critical

### COMMENTS:

Based on the information provided during this on site review, Mark continues to present at least a moderate risk of harming himself. He continues to twist his shirt collar around his neck to the point of becoming dizzy. He is described as extremely impulsive and disrespectful to staff. He refuses therapy sessions, although the 2/16 note indicated he is having dissociative episodes. He was referred to the psychiatrist, who suggested a trial of Serzone. Mark refused the medication, just as he has refused to take Zoloft. He continues to require 24 hour supervision. Desert Hills is currently in a state of transition and services could not be consistently verified.

If the PRS caseworker has any questions or additional information regarding this re-authorization of treatment services, please contact the YFT office at (817) 640-2833 within 10 days. If there are no questions or additional information, this re-authorization of services will be forwarded to PRS State Office.

### REAUTHORIZATION

- |  |  |
|--|--|
| <input type="checkbox"/> Continue in current setting             | <input checked="" type="checkbox"/> Continue at current LOC 5 services |
| <input type="checkbox"/> Placement in a less restrictive setting | <input type="checkbox"/> Decrease to Level of Care:                    |
| <input type="checkbox"/> Placement in a more restrictive setting | <input type="checkbox"/> Increase to Level of Care:                    |

Please contact Youth for Tomorrow at (817) 640-2833 if you have any questions. Thank you.

Re-authorization of services is effective May 1, 1998 and the expiration date is July 31, 1998.

T. White MEd LCDC, Clinical Health Care Consultant



Approved: T. White MEd LCDC

# **YOUTH FOR TOMORROW UTILIZATION REVIEW AND REAUTHORIZATION SERVICE FORM**

Date Completed: 01/20/1998

To: Laura Flores, CPSS, Tarrant Co. CPS

From: Janis Lehman LMSW, Reviewer

Subject:

Child's Name Mark A. Saenz	Medicaid # 508092037	
Placement Desert Hills of Texas	Date Admitted 12/05/1997	Review Date 01/19/1998

**NEEDS****INDICATORS****SERVICES****MILIEU AND BEHAVIORAL MANAGEMENT**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Normal, routine home environment       | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Minimal supervision with guidance      | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Structure and supervised setting       | <input type="radio"/> 3            |
| <input type="radio"/> 4            | 24 hr. awake supervision as needed     | <input type="radio"/> 4            |
| <input checked="" type="radio"/> 5 | 24 hr. awake staff, limited access     | <input checked="" type="radio"/> 5 |
| <input type="radio"/> 6            | Constant supervision, maximum staffing | <input type="radio"/> 6            |

**MEDICAL**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Routine medical and dental services                  | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Routine medical and dental services                  | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Medical and dental services; medications maintenance | <input type="radio"/> 3            |
| <input checked="" type="radio"/> 4 | Chronic, stable medical care; medications monitoring | <input checked="" type="radio"/> 4 |
| <input type="radio"/> 5            | 24 hr. on-call medical and psychiatric care          | <input type="radio"/> 5            |
| <input type="radio"/> 6            | 24 hr. nursing care - expanded treatment plan        | <input type="radio"/> 6            |

**RECREATION**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Parental supervision for activities and leisure time | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Structured activities and leisure time               | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Supervised recreation and leisure time               | <input type="radio"/> 3            |
| <input type="radio"/> 4            | Therapeutic designed recreation and leisure time     | <input type="radio"/> 4            |
| <input checked="" type="radio"/> 5 | Individual therapeutic recreation plan - IDT         | <input checked="" type="radio"/> 5 |
| <input type="radio"/> 6            | Stabilization goals with maximum staffing            | <input type="radio"/> 6            |

**EDUCATION**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Appropriate educational services                         | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Appropriate educational and related services             | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Formal liaison and coordination of services              | <input type="radio"/> 3            |
| <input type="radio"/> 4            | Therapeutic designed adaptive educational program        | <input type="radio"/> 4            |
| <input checked="" type="radio"/> 5 | Services coordinated with treatment plan; limited access | <input checked="" type="radio"/> 5 |
| <input type="radio"/> 6            | Constant supervision with maximum staffing               | <input type="radio"/> 6            |

**THERAPY**

- |                                    |   |                                    |
|------------------------------------|---|------------------------------------|
| <input type="radio"/> 1            | Routine home environment                      | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Within milieu and provided by TDPRS           | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Formal behavioral program and therapy PRN     | <input type="radio"/> 3            |
| <input type="radio"/> 4            | Formalized therapeutic services               | <input type="radio"/> 4            |
| <input checked="" type="radio"/> 5 | Treatment develop, review, supervise - IDT    | <input checked="" type="radio"/> 5 |
| <input type="radio"/> 6            | Expanded treatment plan designed to stabilize | <input type="radio"/> 6            |

### RISK INDICATORS

- Suicide threat attempt
- Physical aggression
- Substance abuse
- Runaway
- Failed placements
- Other:
- Self-abusive
- Sexual acting out
- Destroys property
- Low FSIQ
- Fire Setting

### RISK ASSESSMENT

- 2 Minimal
- 3 Minor
- 4 Moderate
- 5 Severe
- 6 Critical

### COMMENTS:

Mark was admitted to this facility on 12/5/97. Since his admission there have been 4 serious incidents involving physical aggression and one incident in which he was placed on suicide precaution. He ties his shirt around his neck and pulls it tight, trying to make himself pass out. He remains in close supervision with staff to ensure his safety. He continues on zoloft.

If the PRS caseworker has any questions or additional information regarding this re-authorization of treatment services, please contact the YFT office at (817) 640-2833 within 10 days. If there are no questions or additional information, this re-authorization of services will be forwarded to PRS State Office.

### REAUTHORIZATION

- Continue in current setting
- Placement in a less restrictive setting
- Placement in a more restrictive setting
- Continue at current LOC 5 services
- Decrease to Level of Care:
- Increase to Level of Care:

Please contact Youth for Tomorrow at (817) 640-2833 if you have questions. Thank you.

Re-authorization of services is effective February 01, 1998 and the expiration date is April 30, 1998.

Janis Lehman LMSW, Clinical Healthcare Consultant



Approved: Janis Lehman LMSW

*Jammi*

# **YOUTH FOR TOMORROW UTILIZATION REVIEW AND REAUTHORIZATION SERVICE FORM**

Date Completed: 11/21/1997

DEC 0 1 1997

To: Laura Flores, CPSS, Tarrant Co. CPS

From: T. White MEd LCDC, Reviewer

Subject:

Child's Name Mark A. Saenz	Medicaid # 508092037	
Placement Choices Adolescent Center	Date Admitted 10/27/1997	Review Date 11/18/1997

**NEEDS****INDICATORS****SERVICES****MILIEU AND BEHAVIORAL MANAGEMENT**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Normal, routine home environment       | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Minimal supervision with guidance      | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Structure and supervised setting       | <input type="radio"/> 3            |
| <input type="radio"/> 4            | 24 hr. awake supervision as needed     | <input type="radio"/> 4            |
| <input checked="" type="radio"/> 5 | 24 hr. awake staff, limited access     | <input checked="" type="radio"/> 5 |
| <input type="radio"/> 6            | Constant supervision, maximum staffing | <input type="radio"/> 6            |

**MEDICAL**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Routine medical and dental services                  | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Routine medical and dental services                  | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Medical and dental services; medications maintenance | <input type="radio"/> 3            |
| <input type="radio"/> 4            | Chronic, stable medical care; medications monitoring | <input type="radio"/> 4            |
| <input checked="" type="radio"/> 5 | 24 hr. on-call medical and psychiatric care          | <input checked="" type="radio"/> 5 |
| <input type="radio"/> 6            | 24 hr. nursing care - expanded treatment plan        | <input type="radio"/> 6            |

**RECREATION**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Parental supervision for activities and leisure time | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Structured activities and leisure time               | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Supervised recreation and leisure time               | <input type="radio"/> 3            |
| <input type="radio"/> 4            | Therapeutic designed recreation and leisure time     | <input type="radio"/> 4            |
| <input checked="" type="radio"/> 5 | Individual therapeutic recreation plan - IDT         | <input checked="" type="radio"/> 5 |
| <input type="radio"/> 6            | Stabilization goals with maximum staffing            | <input type="radio"/> 6            |

**EDUCATION**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Appropriate educational services                         | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Appropriate educational and related services             | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Formal liaison and coordination of services              | <input type="radio"/> 3            |
| <input type="radio"/> 4            | Therapeutic designed adaptive educational program        | <input type="radio"/> 4            |
| <input checked="" type="radio"/> 5 | Services coordinated with treatment plan; limited access | <input checked="" type="radio"/> 5 |
| <input type="radio"/> 6            | Constant supervision with maximum staffing               | <input type="radio"/> 6            |

**THERAPY**

- |                                    |   |                                    |
|------------------------------------|---|------------------------------------|
| <input type="radio"/> 1            | Routine home environment                      | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Within milieu and provided by TDPRS           | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Formal behavioral program and therapy PRN     | <input type="radio"/> 3            |
| <input type="radio"/> 4            | Formalized therapeutic services               | <input type="radio"/> 4            |
| <input checked="" type="radio"/> 5 | Treatment develop, review, supervise - IDT    | <input checked="" type="radio"/> 5 |
| <input type="radio"/> 6            | Expanded treatment plan designed to stabilize | <input type="radio"/> 6            |



### RISK INDICATORS

- Suicide threat attempt
- Physical aggression
- Substance abuse
- Runaway
- Failed placements
- Other:
- Self-abusive
- Sexual acting out
- Destroys property
- Low FSIQ
- Fire Setting

### RISK ASSESSMENT

- 2 Minimal
- 3 Minor
- 4 Moderate
- 5 Severe
- 6 Critical

### COMMENTS:

Based on the information provided for this on site review, Mark was admitted less than one month prior to this review. His history includes inhalant abuse, truancy, running away and stealing a car while at his last placement. Since placement his shirts with collars have been removed from him because he twists them in an effort to asphyxiate himself and get a "rush". He is reported to be at the second grade level in school, although he is enrolled in the 9th grade.

If the PRS caseworker has any questions or additional information regarding this re-authorization of treatment services, please contact the YFT office at (817) 640-2833 within 10 days. If there are no questions or additional information, this re-authorization of services will be forwarded to PRS State Office.

### REAUTHORIZATION

- Continue in current setting
- Placement in a less restrictive setting
- Placement in a more restrictive setting
- Continue at current LOC 5 services
- Decrease to Level of Care:
- Increase to Level of Care:

Please contact Youth for Tomorrow at (817) 640-2833 if you have questions. Thank you.

Re-authorization of services is effective December 01, 1997 and the expiration date is February 28, 1998.

T  
T. White MEd LCDC, Clinical Healthcare Consultant

White  
Approved: T. White MEd LCDC

OCT 14 1997

# **YOUTH FOR TOMORROW UTILIZATION REVIEW AND REAUTHORIZATION SERVICE FORM**

Date Completed: 09/29/1997

To: Laura Flores, CPSS, Tarrant Co. CPS

From: Deborah Lane, Reviewer

Subject:

Child's Name <b>Mark A. Saenz</b>	Medical # <b>508092037</b>	
Placement <b>Azleway Boys' Ranch</b>	Date Admitted <b>03/21/1997</b>	Review Date <b>09/15/1997</b>

**NEEDS****INDICATORS****SERVICES****MILIEU AND BEHAVIORAL MANAGEMENT**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Normal, routine home environment       | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Minimal supervision with guidance      | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Structure and supervised setting       | <input type="radio"/> 3            |
| <input type="radio"/> 4            | 24 hr. awake supervision as needed     | <input type="radio"/> 4            |
| <input checked="" type="radio"/> 5 | 24 hr. awake staff, limited access     | <input checked="" type="radio"/> 5 |
| <input type="radio"/> 6            | Constant supervision, maximum staffing | <input type="radio"/> 6            |

**MEDICAL**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Routine medical and dental services                  | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Routine medical and dental services                  | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Medical and dental services; medications maintenance | <input type="radio"/> 3            |
| <input type="radio"/> 4            | Chronic, stable medical care; medications monitoring | <input type="radio"/> 4            |
| <input checked="" type="radio"/> 5 | 24 hr. on-call medical and psychiatric care          | <input checked="" type="radio"/> 5 |
| <input type="radio"/> 6            | 24 hr. nursing care - expanded treatment plan        | <input type="radio"/> 6            |

**RECREATION**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Parental supervision for activities and leisure time | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Structured activities and leisure time               | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Supervised recreation and leisure time               | <input type="radio"/> 3            |
| <input type="radio"/> 4            | Therapeutic designed recreation and leisure time     | <input type="radio"/> 4            |
| <input checked="" type="radio"/> 5 | Individual therapeutic recreation plan - IDT         | <input checked="" type="radio"/> 5 |
| <input type="radio"/> 6            | Stabilization goals with maximum staffing            | <input type="radio"/> 6            |

**EDUCATION**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Appropriate educational services                         | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Appropriate educational and related services             | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Formal liaison and coordination of services              | <input type="radio"/> 3            |
| <input type="radio"/> 4            | Therapeutic designed adaptive educational program        | <input type="radio"/> 4            |
| <input checked="" type="radio"/> 5 | Services coordinated with treatment plan; limited access | <input checked="" type="radio"/> 5 |
| <input type="radio"/> 6            | Constant supervision with maximum staffing               | <input type="radio"/> 6            |

**THERAPY**

- |                                    |   |                                    |
|------------------------------------|---|------------------------------------|
| <input type="radio"/> 1            | Routine home environment                      | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Within milieu and provided by TDPRS           | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Formal behavioral program and therapy PRN     | <input type="radio"/> 3            |
| <input type="radio"/> 4            | Formalized therapeutic services               | <input type="radio"/> 4            |
| <input checked="" type="radio"/> 5 | Treatment develop, review, supervise - IDT    | <input checked="" type="radio"/> 5 |
| <input type="radio"/> 6            | Expanded treatment plan designed to stabilize | <input type="radio"/> 6            |

### RISK INDICATORS

- ☐ Suicide threat attempt
- ☐ Physical aggression
- ☐ Substance abuse
- ☐ Runaway
- ☐ Failed placements
- Other: attempted arson
- ☐ Self-abusive
- ☐ Sexual acting out
- ☐ Destroys property
- ☐ Low FSIQ
- ☒ Fire Setting

### RISK ASSESSMENT

- ☐ 2 Minimal
- ☐ 3 Minor
- ☐ 4 Moderate
- ☒ 5 Severe
- ☐ 6 Critical

### COMMENTS:

Based on the information reviewed, Mark presents a severe risk of harm to self and others. He was readmitted to this facility after being arrested and placed in juvenile detention. Current behavioral problems include attempted arson and oppositional behavior. He is closely monitored for substance abuse and gang activity. He is rendered individual therapy weekly and notes state he is trying to get kicked out of school. Level 5 services are authorized to provide 24 hour supervision in a limited access setting.

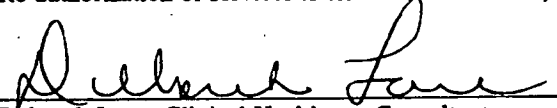
If the PRS caseworker has any questions or additional information regarding this re-authorization of treatment services, please contact the YFT office at (817) 640-2833 within 10 days. If there are no questions or additional information, this re-authorization of services will be forwarded to PRS State Office.

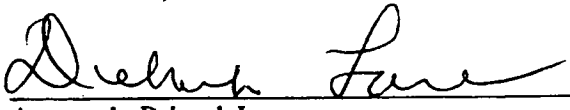
### REAUTHORIZATION

- ☒ Continue in current setting
- ☐ Placement in a less restrictive setting
- ☐ Placement in a more restrictive setting
- ☒ Continue at current LOC 5 services
- ☐ Decrease to Level of Care:
- ☐ Increase to Level of Care:

Please contact Youth for Tomorrow at (817) 640-2833 if you have questions. Thank you.

Re-authorization of services is effective October 01, 1997 and the expiration date is December 31, 1997.

  
Deborah Lane, Clinical Healthcare Consultant

  
Approved: Deborah Lane

# **YOUTH FOR TOMORROW** **UTILIZATION REVIEW AND REAUTHORIZATION SERVICE FORM**

**JUL 07 REC**

Date Completed: 07/01/1997

To: Laura Flores, CPSS, Tarrant Co. CPS

From: Tammy M. Johnson LMSW, Reviewer

Subject:

Child's Name <b>Mark A. Saenz</b>	Medicaid # <b>508092037</b>	
Placement <b>Azleway Boys' Ranch</b>	Date Admitted <b>03/21/1997</b>	Review Date <b>06/18/1997</b>

## NEEDS

## INDICATORS

## SERVICES

### MILIEU AND BEHAVIORAL MANAGEMENT

<input type="radio"/> 1	Normal, routine home environment	<input type="radio"/> 1
<input type="radio"/> 2	Minimal supervision with guidance	<input type="radio"/> 2
<input type="radio"/> 3	Structure and supervised setting	<input type="radio"/> 3
<input type="radio"/> 4	24 hr. awake supervision as needed	<input type="radio"/> 4
<input checked="" type="radio"/> 5	24 hr. awake staff, limited access	<input checked="" type="radio"/> 5
<input type="radio"/> 6	Constant supervision, maximum staffing	<input type="radio"/> 6

### MEDICAL

<input type="radio"/> 1	Routine medical and dental services	<input type="radio"/> 1
<input checked="" type="radio"/> 2	Routine medical and dental services	<input checked="" type="radio"/> 2
<input type="radio"/> 3	Medical and dental services; medications maintenance	<input type="radio"/> 3
<input type="radio"/> 4	Chronic, stable medical care; medications monitoring	<input type="radio"/> 4
<input type="radio"/> 5	24 hr. on-call medical and psychiatric care	<input type="radio"/> 5
<input type="radio"/> 6	24 hr. nursing care - expanded treatment plan	<input type="radio"/> 6

### RECREATION

<input type="radio"/> 1	Parental supervision for activities and leisure time	<input type="radio"/> 1
<input type="radio"/> 2	Structured activities and leisure time	<input type="radio"/> 2
<input type="radio"/> 3	Supervised recreation and leisure time	<input type="radio"/> 3
<input type="radio"/> 4	Therapeutic designed recreation and leisure time	<input type="radio"/> 4
<input checked="" type="radio"/> 5	Individual therapeutic recreation plan - IDT	<input checked="" type="radio"/> 5
<input type="radio"/> 6	Stabilization goals with maximum staffing	<input type="radio"/> 6

### EDUCATION

<input type="radio"/> 1	Appropriate educational services	<input type="radio"/> 1
<input type="radio"/> 2	Appropriate educational and related services	<input type="radio"/> 2
<input type="radio"/> 3	Formal liaison and coordination of services	<input type="radio"/> 3
<input type="radio"/> 4	Therapeutic designed adaptive educational program	<input type="radio"/> 4
<input checked="" type="radio"/> 5	Services coordinated with treatment plan; limited access	<input checked="" type="radio"/> 5
<input type="radio"/> 6	Constant supervision with maximum staffing	<input type="radio"/> 6

### THERAPY

<input type="radio"/> 1	Routine home environment	<input type="radio"/> 1
<input type="radio"/> 2	Within milieu and provided by TDPRS	<input type="radio"/> 2
<input type="radio"/> 3	Formal behavioral program and therapy PRN	<input type="radio"/> 3
<input type="radio"/> 4	Formalized therapeutic services	<input type="radio"/> 4
<input checked="" type="radio"/> 5	Treatment develop, review, supervise - IDT	<input checked="" type="radio"/> 5
<input type="radio"/> 6	Expanded treatment plan designed to stabilize	<input type="radio"/> 6

### RISK INDICATORS

- ☐ Suicide threat attempt
- ☒ Physical aggression
- ☐ Substance abuse
- ☐ Runaway
- ☐ Failed placements
- ☐ Self-abusive
- ☐ Sexual acting out
- ☒ Destroys property
- ☐ Low FSIQ
- ☐ Fire Setting

Other:

### RISK ASSESSMENT

- ☐ 2 Minimal
- ☐ 3 Minor
- ☐ 4 Moderate
- ☒ 5 Severe
- ☐ 6 Critical

### COMMENTS:

*asphyxiated*  
Mark is continuing to have significant problems in several areas of functioning. He exhibits unpredictable outbursts of aggression mostly towards his peers, however has a history of also being aggressive with adults. He is not currently taking any medications. He has had difficulty in school as he has little to no respect for authority. Recently, Mark has been demonstrating self-inflicting behavior by choking himself to become *asphyxiated*. He pulls his shirt up around his neck until he becomes very red in color. He has been observed doing this behavior at least twice in the last few weeks. Mark's behavior presents a severe risk of self harm and therefore requires 24 hour supervision with maximum staff in a structured setting.

If the PRS caseworker has any questions or additional information regarding this re-authorization of treatment services, please contact the YFT office at (817) 640-2833 within 10 days. If there are no questions or additional information, this re-authorization of services will be forwarded to PRS State Office.

### REAUTHORIZATION

- ☒ Continue in current setting
- ☐ Placement in a less restrictive setting
- ☐ Placement in a more restrictive setting
- ☒ Continue at current LOC 5 services
- ☐ Decrease to Level of Care:
- ☐ Increase to Level of Care:

Please contact Youth for Tomorrow at (817) 640-2833 if you have questions. Thank you.

Re-authorization of services is effective July 01, 1997 and the expiration date is September 30, 1997.

*Tammy M. Johnson, LMSW*  
\_\_\_\_\_  
Tammy M. Johnson LMSW, Clinical Health Care Consultant

*J. Johnson*  
\_\_\_\_\_  
Approved: Tammy Johnson LMSW

N *C. Perez*  
JAN 24 REC'D

**YOUTH FOR TOMORROW  
UTILIZATION REVIEW AND REAUTHORIZATION SERVICE FORM**

CK  
01/24/97  
Date Completed: 01/10/1997

To: Sandi McGuire, CPSS, Tarrant Co. CPS

From: Noel Huddleston LPC, Reviewer

Subject:

Child's Name <b>Mark A. Saenz (Soliz)</b>	Medicaid # <b>508092037</b>	
Placement <b>Buckner Children's Village - BCC</b>	Date Admitted <b>06/05/1996</b>	Review Date <b>01/06/1997</b>

**NEEDS**

**INDICATORS**

**SERVICES**

**MILIEU AND BEHAVIORAL MANAGEMENT**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Normal, routine home environment       | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Minimal supervision with guidance      | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Structure and supervised setting       | <input type="radio"/> 3            |
| <input type="radio"/> 4            | 24 hr. awake supervision as needed     | <input checked="" type="radio"/> 4 |
| <input checked="" type="radio"/> 5 | 24 hr. awake staff, limited access     | <input type="radio"/> 5            |
| <input type="radio"/> 6            | Constant supervision, maximum staffing | <input type="radio"/> 6            |

**MEDICAL**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input checked="" type="radio"/> 1 | Routine medical and dental services                  | <input checked="" type="radio"/> 1 |
| <input type="radio"/> 2            | Routine medical and dental services                  | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Medical and dental services; medications maintenance | <input type="radio"/> 3            |
| <input type="radio"/> 4            | Chronic, stable medical care; medications monitoring | <input type="radio"/> 4            |
| <input type="radio"/> 5            | 24 hr. on-call medical and psychiatric care          | <input type="radio"/> 5            |
| <input type="radio"/> 6            | 24 hr. nursing care - expanded treatment plan        | <input type="radio"/> 6            |

**RECREATION**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Parental supervision for activities and leisure time | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Structured activities and leisure time               | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Supervised recreation and leisure time               | <input type="radio"/> 3            |
| <input type="radio"/> 4            | Therapeutic designed recreation and leisure time     | <input checked="" type="radio"/> 4 |
| <input checked="" type="radio"/> 5 | Individual therapeutic recreation plan - IDT         | <input type="radio"/> 5            |
| <input type="radio"/> 6            | Stabilization goals with maximum staffing            | <input type="radio"/> 6            |

**EDUCATION**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Appropriate educational services                         | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Appropriate educational and related services             | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Formal liaison and coordination of services              | <input type="radio"/> 3            |
| <input type="radio"/> 4            | Therapeutic designed adaptive educational program        | <input checked="" type="radio"/> 4 |
| <input checked="" type="radio"/> 5 | Services coordinated with treatment plan; limited access | <input type="radio"/> 5            |
| <input type="radio"/> 6            | Constant supervision with maximum staffing               | <input type="radio"/> 6            |

**THERAPY**

- |                                    |   |                                    |
|------------------------------------|---|------------------------------------|
| <input type="radio"/> 1            | Routine home environment                      | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Within milieu and provided by TDPRS           | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Formal behavioral program and therapy PRN     | <input type="radio"/> 3            |
| <input type="radio"/> 4            | Formalized therapeutic services               | <input checked="" type="radio"/> 4 |
| <input checked="" type="radio"/> 5 | Treatment develop, review, supervise - IDT    | <input type="radio"/> 5            |
| <input type="radio"/> 6            | Expanded treatment plan designed to stabilize | <input type="radio"/> 6            |

### RISK INDICATORS

- Suicide threat attempt
- Physical aggression
- Substance abuse
- Runaway
- Failed placements
- Other:
- Self-abusive
- Sexual acting out
- Destroys property
- Low FSIQ
- Fire Setting

### RISK ASSESSMENT

- 2 Minimal
- 3 Minor
- 4 Moderate
- 5 Severe
- 6 Critical

#### COMMENTS:

Mark is currently in juvenile detention after breaking into 2 vehicles, stealing a 3rd vehicle, burglarizing a business, and attempting to burglarize another, destroyed property (gate, window, van steering column), led police in a 85 mph chase, running and hiding from them once stopped. During this review period Mark also admitted to touching the buttocks of a younger child and he has been physically aggressive with peers. Mark presents a moderate to severe risk of causing harm to himself and others; and requires a more restrictive environment with 24 hour awake staff and increased structure. Placement with a provider who can adequately address his juvenile delinquent/antisocial behaviors is recommended.

If the PRS caseworker has any questions or additional information regarding this re-authorization of treatment services, please contact the YFT office at (817) 640-2833 within 10 days. If there are no questions or additional information, this re-authorization of services will be forwarded to PRS State Office.

#### RECOMMENDED PLACEMENT:

1. New Encounters, Corsicana (903) 874-1577
2. VisionQuest, Dallas (214) 818-0944
3. Desert Hills, College Station (409) 690-3030
4. Darden Hill Rch. Sch., Driftwood (512) 858-4258
5. Pegasus School, Lockhart (512) 398-7115
6. High Frontier, Fort Davis (915) 364-2241

#### AVAILABLE BED SPACE:

The suggested providers are intended as recommendations and do not constitute a referral. Bed space information is supplied to YFT by the providers. This information does not imply an immediate admission nor guarantee that the provider will accept the child.

### REAUTHORIZATION

- Continue in current setting
- Placement in a less restrictive setting
- Placement in a more restrictive setting
- Continue at current LOC services
- Decrease to Level of Care:
- Increase to Level of Care: 5

Please contact Youth for Tomorrow at (817) 640-2833 if you have questions. Thank you.

Re-authorization of services is effective January 06, 1997 and the expiration date is April 30, 1997.

Noel L. Huddleston

KEY: \_\_\_\_\_  
C INT SCREEN 1 - PRIMARY ENTER "C" & LINE # SCR=1,2,3,4,6 PAGE 01  
C INT NUM 508092037 NAME SOLIZ, MARK A BD 01/27/982 SM R3 CNTY 043  
CASE-NUM TC S S-I-G W CLI-CERT SSN 452-87-2368 \* SSCN - - -  
C1 022598770 1 4 6 01/05/96 SSMS Y ALIAS SMIB-ACTION  
C2 RFUG 00 ALIEN-DT SMIB  
C3 INS-SUB-DT COV TP OPEN CLOSE SD  
C4 03/18/97 02H 10 04/01/97 A  
C5 LAST-MED TYPE 02R 10 01/01/96 03/31/97 A  
C6 03/17/97 8 02R 08 03/29/94 12/31/95  
SSMS-DT ED 02R 55 10/01/93 02/28/94  
01/27/97 HI

3/25 - Cd. Carol in Sover to release "hold"  
& remail to CPS worker.

Laura Flores (CPS worker)  
951 W. Pipeline Rd. (Hurst office)  
Hurst, TX. 76053

TP



Page: 1 Document Name: untitled

KEY: \_\_\_\_\_

ENT SCREEN 1 - PRIMARY ENTER "C" & LINE # SCR=1,2,3,4,6  
 CASE-ENT NUM 508092037 NAME SOLIZ, MARK A BD 01/27/982 SM R3 CNTY 043  
 CASE-NUM TC S S-I-G W CLI-CERT SSN 452-87-2368 \* SSCN  
 C1 022598770 1 1 6 01/05/96 SSMS Y ALIAS SMIB-ACTION  
 C2 RFUG 00 ALIEN-DT SMIB  
 C3 INS-SUB-DT COV TP OPEN CLOSE SD  
 C4 01/28/97 02R 10 01/01/96 A  
 C5 LAST-MED TYPE 02R 08 03/29/94 12/31/95  
 C6 01/05/96 1 02R 55 10/01/93 02/28/94  
 SSMS-DT ED 02R 55 10/01/91 05/31/92  
 01/27/97 HI

PA CASE SCREEN 1 - PRIMARY  
 CASE 022598770 ACTIVE CAT 02 TP 10 BP 30 BBN 031-42-C-04 MC 952-X CNTY 220  
 CASE NAME SOLIZ, MARK A  
 GN/PAY/RP  
 MAIL ADDR CITY HOUSE  
 902 E 16TH ST  
 PLANO TX 75074 HOLD CD/DT  
 TEMP ADDR N PILOT CD PAW  
 DATE FILE 01/01/96 SEQ 03 PRINTED 01/31/97  
 CERT DATE 01/05/96 LAST FORM 1000-A/B  
 GRANT EFF REVIEW N ACTION 113  
 3MO PRIOR FORM EFF DT 03/01/97  
 END DATE ORIG END DT  
 PERIODIC RV DT 07/05/96  
 GRANT 0000 APP INC

FYI:

3/17 Ad. Carol (Soverr) to change  
 Medicaid Card address to:

Laura Flores  
 951 W. Pipeline Rd.  
 Hurst, Tx 76053

-Tammie  
 v. 421 (Ben St-)

3/24

OCT 24 REC

**YOUTH FOR TOMORROW  
UTILIZATION REVIEW AND REAUTHORIZATION SERVICE FORM**

Date Completed: 10/21/1996

To: Sandi McGuire, CPSS, Tarrant Co. CPS

From: Noel Huddleston LPC, Reviewer

Subject:

Child's Name <b>Mark A. Saenz</b>	Medicaid # <b>508092037</b>	
Placement <b>Buckner Children's Home (Dallas) - BCC</b>	Date Admitted <b>06/05/1996</b>	Review Date <b>10/17/1996</b>

**NEEDS**

**INDICATORS**

**SERVICES**

**MILIEU AND BEHAVIORAL MANAGEMENT**

<input type="radio"/> 1	Normal, routine home environment	<input type="radio"/> 1
<input type="radio"/> 2	Minimal supervision with guidance	<input type="radio"/> 2
<input type="radio"/> 3	Structure and supervised setting	<input type="radio"/> 3
<input checked="" type="radio"/> 4	24 hr. awake supervision as needed	<input checked="" type="radio"/> 4
<input type="radio"/> 5	24 hr. awake staff, limited access	<input type="radio"/> 5
<input type="radio"/> 6	Constant supervision, maximum staffing	<input type="radio"/> 6

**MEDICAL**

<input type="radio"/> 1	Routine medical and dental services	<input type="radio"/> 1
<input checked="" type="radio"/> 2	Routine medical and dental services	<input checked="" type="radio"/> 2
<input type="radio"/> 3	Medical and dental services; medications maintenance	<input type="radio"/> 3
<input type="radio"/> 4	Chronic, stable medical care; medications monitoring	<input type="radio"/> 4
<input type="radio"/> 5	24 hr. on-call medical and psychiatric care	<input type="radio"/> 5
<input type="radio"/> 6	24 hr. nursing care - expanded treatment plan	<input type="radio"/> 6

**RECREATION**

<input type="radio"/> 1	Parental supervision for activities and leisure time	<input type="radio"/> 1
<input type="radio"/> 2	Structured activities and leisure time	<input type="radio"/> 2
<input type="radio"/> 3	Supervised recreation and leisure time	<input type="radio"/> 3
<input checked="" type="radio"/> 4	Therapeutic designed recreation and leisure time	<input checked="" type="radio"/> 4
<input type="radio"/> 5	Individual therapeutic recreation plan - IDT	<input type="radio"/> 5
<input type="radio"/> 6	Stabilization goals with maximum staffing	<input type="radio"/> 6

**EDUCATION**

<input type="radio"/> 1	Appropriate educational services	<input type="radio"/> 1
<input type="radio"/> 2	Appropriate educational and related services	<input type="radio"/> 2
<input type="radio"/> 3	Formal liaison and coordination of services	<input type="radio"/> 3
<input checked="" type="radio"/> 4	Therapeutic designed adaptive educational program	<input checked="" type="radio"/> 4
<input type="radio"/> 5	Services coordinated with treatment plan; limited access	<input type="radio"/> 5
<input type="radio"/> 6	Constant supervision with maximum staffing	<input type="radio"/> 6

**THERAPY**

<input type="radio"/> 1	Routine home environment	<input type="radio"/> 1
<input type="radio"/> 2	Within milieu and provided by TDPRS	<input type="radio"/> 2
<input type="radio"/> 3	Formal behavioral program and therapy PRN	<input type="radio"/> 3
<input checked="" type="radio"/> 4	Formalized therapeutic services	<input checked="" type="radio"/> 4
<input type="radio"/> 5	Treatment develop, review, supervise - IDT	<input type="radio"/> 5
<input type="radio"/> 6	Expanded treatment plan designed to stabilize	<input type="radio"/> 6

### RISK INDICATORS

- ☐ Suicide threat attempt
- ☒ Physical aggression
- ☒ Substance abuse
- ☒ Runaway
- ☐ Failed placements
- Other:
- ☐ Self-abusive
- ☐ Sexual acting out
- ☐ Destroys property
- ☐ Low FSIQ
- ☐ Fire Setting

### RISK ASSESSMENT

- ☐ 2 Minimal
- ☐ 3 Minor
- ☒ 4 Moderate
- ☐ 5 Severe
- ☐ 6 Critical

#### COMMENTS:

Maladaptive behaviors exhibited during this review period include lighting matches, physical aggression, running away, sniffing White-out and putting a tattoo on his hand. Mark is demonstrating motivation during his on-campus classes, is doing well in Boy Scouts and is improving his social skills. However, in therapy he tends to defend his biological family instead of addressing issues in therapy. He has a history of suicidal threats/gestures.

If the PRS caseworker has any questions or additional information regarding this re-authorization of treatment services, please contact the YFT office at (817) 640-2833 within 10 days. If there are no questions or additional information, this re-authorization of services will be forwarded to PRS State Office.

### REAUTHORIZATION

- ☒ Continue in current setting
- ☐ Placement in a less restrictive setting
- ☐ Placement in a more restrictive setting
- ☒ Continue at current LOC 4 services
- ☐ Decrease to Level of Care:
- ☐ Increase to Level of Care:

Please contact Youth for Tomorrow at (817) 640-2833 if you have questions. Thank you.

Re-authorization of services is effective November 01, 1996 and the expiration date is January 31, 1997.

---

Noel Huddleston LPC, Clinical Health Care Consultant

  
Approved: Noel Huddleston LPC

JUL 15 1996

# **YOUTH FOR TOMORROW UTILIZATION REVIEW AND REAUTHORIZATION SERVICE FORM**

CA  
7/15/96

Date Completed: 07/10/1996

To: Sandy McGuire, CPSS, Tarrant Co. CPS

From: Janis Lehman LMSW, Residential Consultant

Subject:

Child's Name Mark A. Saenz	Medicaid # 508092037	
Placement Buckner Baptist Basic Care-Dallas	Date Admitted 06/05/1996	Review Date 07/08/1996

**NEEDS****INDICATORS****SERVICES****MILIEU AND BEHAVIORAL MANAGEMENT**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Normal, routine home environment       | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Minimal supervision with guidance      | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Structure and supervised setting       | <input type="radio"/> 3            |
| <input checked="" type="radio"/> 4 | 24 hr. awake supervision as needed     | <input checked="" type="radio"/> 4 |
| <input type="radio"/> 5            | 24 hr. awake staff, limited access     | <input type="radio"/> 5            |
| <input type="radio"/> 6            | Constant supervision, maximum staffing | <input type="radio"/> 6            |

**MEDICAL**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input checked="" type="radio"/> 1 | Routine medical and dental services                  | <input checked="" type="radio"/> 1 |
| <input type="radio"/> 2            | Routine medical and dental services                  | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Medical and dental services; medications maintenance | <input type="radio"/> 3            |
| <input type="radio"/> 4            | Chronic, stable medical care; medications monitoring | <input type="radio"/> 4            |
| <input type="radio"/> 5            | 24 hr. on-call medical and psychiatric care          | <input type="radio"/> 5            |
| <input type="radio"/> 6            | 24 hr. nursing care - expanded treatment plan        | <input type="radio"/> 6            |

**RECREATION**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Parental supervision for activities and leisure time | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Structured activities and leisure time               | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Supervised recreation and leisure time               | <input type="radio"/> 3            |
| <input checked="" type="radio"/> 4 | Therapeutic designed recreation and leisure time     | <input checked="" type="radio"/> 4 |
| <input type="radio"/> 5            | Individual therapeutic recreation plan - IDT         | <input type="radio"/> 5            |
| <input type="radio"/> 6            | Stabilization goals with maximum staffing            | <input type="radio"/> 6            |

**EDUCATION**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Appropriate educational services                         | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Appropriate educational and related services             | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Formal liaison and coordination of services              | <input type="radio"/> 3            |
| <input checked="" type="radio"/> 4 | Therapeutic designed adaptive educational program        | <input checked="" type="radio"/> 4 |
| <input type="radio"/> 5            | Services coordinated with treatment plan; limited access | <input type="radio"/> 5            |
| <input type="radio"/> 6            | Constant supervision with maximum staffing               | <input type="radio"/> 6            |

**THERAPY**

- |                                    |   |                                    |
|------------------------------------|---|------------------------------------|
| <input type="radio"/> 1            | Routine home environment                      | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Within milieu and provided by TDPRS           | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Formal behavioral program and therapy PRN     | <input type="radio"/> 3            |
| <input checked="" type="radio"/> 4 | Formalized therapeutic services               | <input checked="" type="radio"/> 4 |
| <input type="radio"/> 5            | Treatment develop, review, supervise - IDT    | <input type="radio"/> 5            |
| <input type="radio"/> 6            | Expanded treatment plan designed to stabilize | <input type="radio"/> 6            |

### RISK INDICATORS

- ☐ Suicide threat attempt
- ☐ Physical aggression
- ☐ Substance abuse
- ☐ Runaway
- ☐ Failed placements
- Other:
- ☐ Self-abusive
- ☐ Sexual acting out
- ☐ Destroys property
- ☐ Low FSIQ
- ☐ Fire Setting

### RISK ASSESSMENT

- ☐ 2 None
- ☐ 3 Minimal
- ☒ 4 Moderate
- ☐ 5 Severe
- ☐ 6 Critical

### COMMENTS:

Mark was transferred to the Basic Care Program at Buckner's on 6/5/96 after successfully completing residential treatment. During his first 30 days in this setting there have been 2 reported incidents of disruptive behaviors. He has been observed as being easily distracted and follows negative peer influences. Goals include developing appropriate boundaries with peers and accepting responsibility for his behaviors. He is attending the alternative school and is to be evaluated for dyslexia. He is currently on no medication.

If the PRS caseworker has any questions or additional information regarding this re-authorization of treatment services, please contact the YFT office at (817) 640-2833 within 10 days. If there are no questions or additional information, this re-authorization of services will be forwarded to PRS State Office.

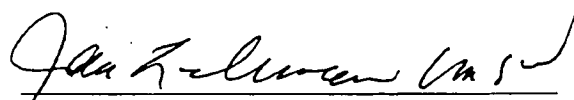
### REAUTHORIZATION

- ☒ Continue in current setting
- ☐ Placement in a less restrictive setting
- ☐ Placement in a more restrictive setting
- ☒ Continue at current LOC 4 and integrated behavior management services
- ☐ Decrease to Level of Care:
- ☐ Increase to Level of Care:

Please contact Youth for Tomorrow at (817) 640-2833 if you have questions. Thank you.

Re-authorization of services is effective August 01, 1996 and the expiration date is October 31, 1996.

Janis Lehman LMSW, Residential Consultant  
Reviewer

  
Approved: Janis Lehman LMSW

Texas Department of  
Protective and Regulatory Services

JUN 13 1996

Form 2646  
September 1, 1994Child's Service Plan  
PLACEMENT INFORMATION

Page of

## CASE PLAN -PART TWO

☐ Initial Placement  
Complete I, III, IV, V and VI☒ Subsequent Placement  
Complete Pages 1 and 2☐ Discharge to Parents  
Complete I, II, III, V, and Page 3☐ Other Discharge  
Complete Pages 1 - 3

Caseworkers Name <b>SANDRA MC GUIRE</b>	BJN 03154C02	County No. 220
--	-----------------	-------------------

## I. CHILD

Case No. <b>508092037</b>	Child's Name <b>MARK SAENZ SOLIZ</b>	Date of Birth <b>1-27-82</b>	From County No. <b>220</b>
Date of Initial Placement in SubCare <b>11-28-95</b>	Type of Initial Placement <b>RTC</b>	Type of Conservatorship or Legal Status <b>01-TMC</b>	

## II. PLACEMENT FROM WHICH CHILD WAS REMOVED (Subsequent placement only)

Residence Name <b>BUCKNER BAPTIST RTC</b>	Facility No. <b>255282</b>	Date Removed <b>6-5-96</b>
--	-------------------------------	-------------------------------

## III. NEW PLACEMENT

Emergency Placement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Preplacement Visit <b>6-1-96</b>	Type of Placement	Living Arrangements <b>17</b>	How Provided <b>10</b>	BLOC Rate <b>4</b>
Residence Name <b>BUCKNER BAPTIST CHILDRENS HOME</b>		Relation to child (if any)	Telephone No. <b>214/319-3406</b>	Facility No. <b>006190</b>	Date Placed <b>6-5-96</b>
Residence Address (Street, City, State, ZIP) <b>5200 S. BUCKNER BLVD., DALLAS, TX. 75227</b>				County No. <b>057</b>	Date Parents Notified <b>6-10-96</b>

## IV. PLACEMENT ISSUES (Applicable to all placements)

*Appropriateness.* Explain why the type of placement selected is appropriate.

MARK HAS BEEN LIVING AT BUCKNER CHILDRENS HOME FOR OVER TWO YEARS. HE HAS JUST MOVED FROM A RESIDENTIAL TREATMENT DORM TO A BASIC CARE DORM. THE PLACEMENT IS APPROPRIATE BECAUSE HE LIKES IT AT BUCKNERS AND HE HAS BEEN WORKING WITH HIS THERAPIST TOWARDS BEING ABLE TO MOVE TO THE BASIC CARE DORM.

*Close proximity.* If this placement is not in the same region as the parents' home, explain why not.

THE PLACEMENT IS IN THE SAME REGION WHERE MARK'S MOTHER LIVES.

*Least restrictive.* If the child was not placed in a foster family-home or the home of a relative caregiver, explain why not.

THE BASIC CARE DORM IS THE LEAST RESTRICTIVE ENVIRONMENT AVAILABLE FOR MARK AT THIS TIME. THERE ARE NO APPROPRIATE POSSIBLE RELATIVE PLACEMENTS. MARK HAS JUST MOVED FROM RTC. A FOSTER FAMILY WILL BE SOUGHT FOR MARK.

*School.* If this placement is too far from the child's school for the child to keep attending the same school, explain why.

MARK WILL CONTINUE ATTENDING SCHOOL ON THE BUCKNER CAMPUS.

- V. APPROVAL - An emergency placement must be approved within 10 days after it occurs. A placement in an emergency shelter for crisis-stabilization and assessment services must also be approved (by a licensed MSW or equivalent) within 10 days. A nonemergency placement must be approved before it occurs.

Sandra McGuire 6-10-96  
Signature-Worker Date

Gerald Cron  
Signature-Supervisor

6-10-96  
Date

Signature-LMSW or Equivalent  
(emergency shelter only)

6-5-96  
Date of Oral Approval  
(if different)

Date

Required within 10 days of placement in an  
emergency shelter for crisis-stabilization or

# **YOUTH FOR TOMORROW UTILIZATION REVIEW AND REAUTHORIZATION SERVICE FORM**

Date Completed: 04/30/1996

To: Sandra McGuire, CPSS, Tarrant Co. CPS From: Deborah Lane, Residential Consultant

Subject: *SKD for Ca 5-15-96*

Child's Name Mark A. Saenz	Medicaid # 508092037	
Placement Buckner Trt. Ctr. - Dallas	Date Admitted 04/20/1995	Review Date 04/24/1996

**NEEDS****INDICATORS****SERVICES****MILIEU AND BEHAVIORAL MANAGEMENT**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Normal, routine home environment       | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Minimal supervision with guidance      | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Structure and supervised setting       | <input type="radio"/> 3            |
| <input checked="" type="radio"/> 4 | 24 hr. awake supervision as needed     | <input checked="" type="radio"/> 4 |
| <input type="radio"/> 5            | 24 hr. awake staff, limited access     | <input type="radio"/> 5            |
| <input type="radio"/> 6            | Constant supervision, maximum staffing | <input type="radio"/> 6            |

**MEDICAL**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Routine medical and dental services                  | <input type="radio"/> 1            |
| <input checked="" type="radio"/> 2 | Routine medical and dental services                  | <input checked="" type="radio"/> 2 |
| <input type="radio"/> 3            | Medical and dental services; medications maintenance | <input type="radio"/> 3            |
| <input type="radio"/> 4            | Chronic, stable medical care; medications monitoring | <input type="radio"/> 4            |
| <input type="radio"/> 5            | 24 hr. on-call medical and psychiatric care          | <input type="radio"/> 5            |
| <input type="radio"/> 6            | 24 hr. nursing care - expanded treatment plan        | <input type="radio"/> 6            |

**RECREATION**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Parental supervision for activities and leisure time | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Structured activities and leisure time               | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Supervised recreation and leisure time               | <input type="radio"/> 3            |
| <input checked="" type="radio"/> 4 | Therapeutic designed recreation and leisure time     | <input checked="" type="radio"/> 4 |
| <input type="radio"/> 5            | Individual therapeutic recreation plan - IDT         | <input type="radio"/> 5            |
| <input type="radio"/> 6            | Stabilization goals with maximum staffing            | <input type="radio"/> 6            |

**EDUCATION**

- |                                    |  |                                    |
|------------------------------------|--|------------------------------------|
| <input type="radio"/> 1            | Appropriate educational services                         | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Appropriate educational and related services             | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Formal liaison and coordination of services              | <input type="radio"/> 3            |
| <input checked="" type="radio"/> 4 | Therapeutic designed adaptive educational program        | <input checked="" type="radio"/> 4 |
| <input type="radio"/> 5            | Services coordinated with treatment plan; limited access | <input type="radio"/> 5            |
| <input type="radio"/> 6            | Constant supervision with maximum staffing               | <input type="radio"/> 6            |

**THERAPY**

- |                                    |   |                                    |
|------------------------------------|---|------------------------------------|
| <input type="radio"/> 1            | Routine home environment                      | <input type="radio"/> 1            |
| <input type="radio"/> 2            | Within milieu and provided by TDPRS           | <input type="radio"/> 2            |
| <input type="radio"/> 3            | Formal behavioral program and therapy PRN     | <input type="radio"/> 3            |
| <input checked="" type="radio"/> 4 | Formalized therapeutic services               | <input checked="" type="radio"/> 4 |
| <input type="radio"/> 5            | Treatment develop, review, supervise - IDT    | <input type="radio"/> 5            |
| <input type="radio"/> 6            | Expanded treatment plan designed to stabilize | <input type="radio"/> 6            |

### RISK INDICATORS

MAY 13 1996

- ☐ Suicide threat attempt
- ☐ Physical aggression
- ☐ Substance abuse
- ☐ Runaway
- ☐ Failed placements

- ☐ Self-abusive
- ☒ Sexual acting out
- ☐ Destroys property
- ☐ Low FSIQ
- ☐ Fire Setting

Other:

### RISK ASSESSMENT

- ☐ 2 None
- ☐ 3 Minimal
- ☒ 4 Moderate
- ☐ 5 Severe
- ☐ 6 Critical

### COMMENTS:

The records indicate Mark requires a structured environment with therapeutic intervention. Although he has decreased his sexual acting out behaviors with peers, he continues to make sexual statements to them and requires close monitoring. He is scheduled for individual therapy but refused to meet on 4-3-96. Although he is not prescribed psychotropic medication he is monitored and notes indicates he wants to be on a diet even though he is not over weight. He attends the Buckner's Academy and is passing all of his classes with a modified curriculum. He is authorized LOC 4 services.

If the PRS caseworker has any questions or additional information regarding this re-authorization of treatment services, please contact the YFT office at (817) 640-2833 within 10 days. If there are no questions or additional information, this re-authorization of services will be forwarded to PRS State Office.

### REAUTHORIZATION

- ☒ Continue in current setting
- ☐ Placement in a less restrictive setting
- ☐ Placement in a more restrictive setting
- ☒ Continue at current LOC 4 and integrated behavior management services
- ☐ Decrease to Level of Care:
- ☐ Increase to Level of Care:

Please contact Youth for Tomorrow at (817) 640-2833 if you have questions. Thank you.

Re-authorization of services is effective May 01, 1996 and the expiration date is July 31, 1996.

  
Deborah Lane, Residential Consultant

Reviewer

  
Approved: Janis Lehman LMSW





TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES

INTERIM EXECUTIVE DIRECTOR  
James R. Hine

February 24, 2000

Hugh Savage  
Attorney at Law  
316 Bailey Street, Ste. 101  
Fort Worth, Texas 76107

RE: IN THE INTEREST OF MARK SOLIZ AKA SAENZ  
CAUSE NO. 323-56079-J

Dear Mr. Savage:

Enclosed is a copy of the ORDER OF DISMISSAL on the above styled and numbered cause.

If I can be of further assistance, please contact me at (817) 255-8786.

Sincerely,

A handwritten signature in cursive script that reads "Regina Sullivan".

Regina Sullivan  
Legal Assistant

Enclosure

cc:

Eula Rutherford, CPS Specialist  
Will Onyebuchi, CPS Supervisor  
Foster Care Eligibility Specialist  
File

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2700 BEN AVENUE  
FT WORTH, TX 76103  
817/255-8700  
344

△  
778 037  
11-11-11

CAUSE NO. 56079-J

IN THE INTEREST OF

IN THE JUVENILE COURT

MARK SOLIZ AKA SAENZ

OF TARRANT COUNTY, TEXAS

A CHILD

323RD JUDICIAL DISTRICT

ORDER OF DISMISSAL

On this day came on to be heard the Motion of the Original Petitioner to dismiss the above numbered and styled cause, and it appears to the Court that motion should be granted.

IT IS THEREFORE ORDERED that this Cause as to the Child, MARK SOLIZ AKA SAENZ, be and is hereby dismissed.

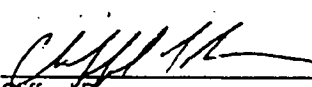
All relief requested herein and not expressly granted is denied.

ORDERED on this 27th day of February, 2000.

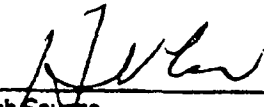
  
Judge Presiding

  
Associate Judge

APPROVED AS TO FORM:

  
Clifford Bronson  
Assistant Criminal District Attorney  
2700 Ben Avenue, Fort Worth, Texas 76103  
(817) 255-8733  
State Bar No. 00790376

APPROVED AS TO FORM AND SUBSTANCE:

  
\_\_\_\_\_  
Hugh Savage  
Attorney/Guardian ad litem for the Children  
316 Bailey Street, Ste. 101  
Fort Worth, Texas 76107  
(817)335-7748  
State Bar No. 17688400



**TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES**

**2700 BEN AVENUE**

**FORT WORTH, TEXAS 76103**

**817/255-8700**

**EXECUTIVE DIRECTOR**  
James R. Hine

September 13, 1999

**BOARD MEMBERS**

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Richard S. Hoffman

*Brownsville*

Catherine Clark Mosbacher

*Houston*

Edward L. Wagner

*Harker Heights*

Hugh Savage  
Attorney at law  
316 Bailey St., Ste. 101  
Fort Worth, Texas 76107

**RE: PLACEMENT REVIEW ORDER  
IN THE INTEREST OF SOLIZ, MARK aka SAENZ  
CAUSE NO.56079-J**

Dear Mr. Savage:

Enclosed is a copy of the Order Pursuant to Chapter 263, Texas Family Code on the above styled and numbered cause.

If I can be of further assistance, please contact me at 255-8728.

Sincerely,

A handwritten signature in cursive script that reads "Belinda Black".

Belinda Black  
Legal

Enclosure

cc: Laura Flores, CPS Specialist 012-2  
Will Onyebuchi, CPS Supervisor 012-2  
Foster Care Eligibility 128-6  
File





CAUSE NO. 56079-J

IN THE INTEREST OF

IN THE JUVENILE COURT

MARK SOLIZ AKA SAENZ

OF TARRANT COUNTY, TEXAS

A CHILD

323RD DISTRICT COURT

PLACEMENT REVIEW ORDER

On this 9th day of September, 1999, a placement review hearing was held pursuant to Subchapter F, Chapter 263, Texas Family Code, for review of the placement of the child.

APPEARANCES:

The TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES, appeared by its representative, LAURA FLORES, and by its attorney, NANCY R. DEWEES, and announced ready.

Respondent Mother, DONNA SOLIZ,

- ☐ appeared in person and announced ready.
- ☐ waived issuance and service of citation by waiver duly filed.
- ☒ although duly and properly notified, did not appear and wholly made default.

Respondent Father, EDDIE SAENZ,

- ☐ appeared in person and announced ready.
- ☐ waived issuance and service of citation by waiver duly filed.
- ☒ although duly and properly notified, did not appear and wholly made default.

HUGH SAVAGE, appointed by the Court as Attorney/Guardian ad litem,

- ☒ appeared and announced ready.
- ☐ although duly and properly notified, did not appear.

The Court excused the appearance of the Child the subject of this suit pursuant to Section 263.302, Texas Family Code.

FINDINGS:

The Court finds that the child's current placement is appropriate for meeting the child's needs.

The Court finds that efforts have been made to ensure placement of the child in the least restrictive environment consistent with the best interest and special needs of the child.

The Court finds that, the services that are needed to assist the child in making the transition from substitute care to independent living are available in the community.

The Court finds that no other plans or services are needed to meet the child's special needs or circumstances.

The Court finds that, the services that are needed to assist the Child in making the transition from substitute care to independent living are available in the community.

The Court finds that no other plans or services are needed to meet the child's special needs or circumstances.

ORDERS:

IT IS ORDERED that all previous orders issued by this Court shall continue without modification.

IT IS ORDERED that the Texas Department of Protective and Regulatory Services is continued as Permanent Managing Conservator until further order of the Court.

**DISMISSAL DATE AND HEARING DATES:**

Pursuant to Section 263.306(11), Texas Family Code, the Court determines that the next placement review hearing shall be held during the month of March, 2000.

SIGNED this 9th day of September, 1999.

Scott Moore  
Judge

Clayton Smith  
Associate Judge





TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES

INTERIM EXECUTIVE DIRECTOR  
James R. Hine

June 18, 1998

Hugh Savage  
Attorney at Law  
316 Bailey St., Ste. 101  
Fort Worth, Texas 76107

RE: CAUSE NO. 56079-J  
In the Interest of MARK SOLIZ aka SAENZ

Dear Mr. Savage:

Enclosed please find a copy of the ORDER TO CHANGE PAYEE FOR CHILD SUPPORT in the above styled and numbered cause.

If I can be of further assistance, please contact me at (817) 255-8700, extension 8725.

Sincerely,

  
Karen Gordon  
CPS Legal Assistant

Enclosure

cc: Eddie Saenz, Respondent Father, 3436 Lulu, Fort Worth, Texas 76105  
Laura Flores, CPS Specialist MC 012-2  
Will Oyebuchi, CPS Supervisor MC 012-2  
Foster Care Eligibility Specialist  
File

BOARD MEMBERS

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Mosbacher  
Houston

Bill Sheehan  
Dumas

Susan Stahl  
Dallas

CAUSE NO. 56079-J

IN THE INTEREST OF

MARK SOLIZ AKA SAENZ,

A CHILD

\*  
\*  
\*  
\*  
\*  
\*

IN THE JUVENILE COURT

OF TARRANT COUNTY, TEXAS

323RD JUDICIAL DISTRICT

ORDERS TO CHANGE PAYEE FOR CHILD SUPPORT

On this day came on to be heard the application of the TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES, the Petitioner herein, for Temporary Orders concerning the Child who is the subject of this suit.

APPEARANCES

The Texas Department of Protective and Regulatory Services appeared by its representative, , and by its attorney of record, MELISSA R. PASCHALL

Respondent Mother, DONA SUE SOLIZ, did/did not appear.

Respondent Father, RAUL EDUARDO SAENZ, appeared and agreed to the provisions in this Order as evidence by his signature.

HUGH SAVAGE, appointed by the Court as Attorney ad litem, appeared on behalf of the Child the subject of this suit and indicated his agreement with the provisions of this Order as evidenced by his signature.

PARTIES IN AGREEMENT

The Court finds that the parties and attorneys who appear herein agree to the provisions and terms of this Order as evidenced by their signatures.

The Court finds that the parties and attorneys agree that the following Orders are necessary for the safety and welfare of the children and that such Orders are in the best interest of the children.

CHILD

The Court finds that the Child the subject of this action is:

NAME:	MARK SOLIZ AKA SAENZ
SEX:	Male
DATE OF BIRTH:	January 27, 1982
PLACE OF BIRTH:	Fort Worth, Texas
RESIDENCE:	Tarrant County, Texas
SOCIAL SECURITY NUMBER:	452-87-2368

CHILD SUPPORT

IT IS ORDERED that the Texas Department of Protective and Regulatory Services be named as payee.

IT IS ORDERED that all payments of child support shall be made payable to the Texas Department of Protective and Regulatory Services and shall be paid through the Tarrant County Child Support Office, Third Floor, Tarrant County Civil Courts Building, Fort Worth, Texas 76196-0290.

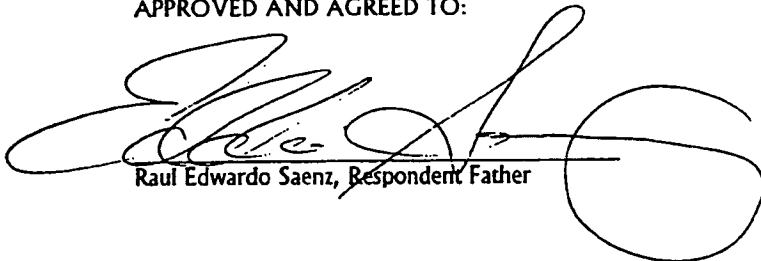
Signed this 16 day of June, 1998.

  
Judge Presiding

APPROVED AS TO FORM:

Melissa R. Paschall  
Melissa R. Paschall  
Assistant Criminal District Attorney  
2700 Ben Avenue, Fort Worth, Texas 76103  
(817) 255-8700 ext. 8733  
State Bar No. 0784725

APPROVED AND AGREED TO:

  
Raul Edwardo Saenz, Respondent Father

APPROVED AS TO FORM AND SUBSTANCE:

Hugh Savage  
Attorney ad litem for the Child  
316 Bailey Street, Suite 101  
Fort Worth, Texas 76107  
(817) 255-8700, ext. 8733  
State Bar No. 17688499

ORDERS FOR CHILD SUPPORT

In the Interest of Mark Soliz aka Saenz, A Child - Cause No. 56079-J  
Page 2

CAUSE NO. 56079-J

IN THE INTEREST OF

MARK SOLIZ AKA SAENZ,

A CHILD

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IN THE JUVENILE COURT

OF TARRANT COUNTY, TEXAS

323RD JUDICIAL DISTRICT

MOTION FOR CHILD SUPPORT

TO THE HONORABLE COURT:

COMES NOW Petitioner, TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES, and moves this Court for an Order requiring Child Support payments, and in support thereof would show:

I.

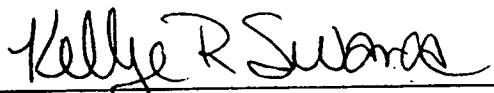
MARK SOLIZ AKA SAENZ, Child, subject of this suit, is under the age of eighteen years and subject to the Temporary Managing Conservatorship of Petitioner.

II.

Respondents herein, are obligated to support the Child under Section 151.003, Texas Family Code. The Child does not reside with the Respondents. Respondents are able to pay child support.

WHEREFORE, PREMISES CONSIDERED, Petitioner prays that this Court set a hearing on this Motion and order the Respondent Father, RAUL EDWARD SAENZ, to appear at the hearing to show cause why they should not be ordered to pay child support pending a final hearing in this cause. Petitioner further prays that upon hearing on this motion the Court order Respondents to pay a reasonable sum of the support for the Child, said to be withheld from the disposable earnings of the Respondents, and grant all other relief to which Petitioner may be entitled.

Respectfully submitted,

  
\_\_\_\_\_  
Kellye R. Swanda  
Assistant Criminal District Attorney  
2700 Ben Avenue, Fort Worth, Texas 76103  
(817) 534-1002 Ext. 361 or 420  
State Bar No. 00792864

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the above Motion for Child Support was sent by certified mail to all parties on \_\_\_\_\_, 1996.

  
\_\_\_\_\_  
Attorney for Movant

NOTICE OF HEARING

A hearing on the Petitioner's Motion for Child Support has been set for the \_\_\_\_ day of \_\_\_\_\_, 1995, at \_\_\_\_\_ o'clock \_\_\_\_m. on the non-jury docket at the Juvenile County Court, Fort Worth, Texas.

\_\_\_\_\_  
Judge Presiding

CAUSE NO. 56079-J

IN THE INTEREST OF

MARK SOLIZ AKA SAENZ,

A CHILD

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IN THE JUVENILE COURT

OF TARRANT COUNTY, TEXAS

323RD JUDICIAL DISTRICT

ORDERS FOR CHILD SUPPORT

On this day came on to be heard the application of the TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES, the Petitioner herein, for Temporary Orders concerning the Child who is the subject of this suit.

APPEARANCES

The Texas Department of Protective and Regulatory Services appeared by its representative, SANDRA MCGUIRE, and by its attorney of record, KELLYE R. SWANDA.

Respondent Mother, DONNA SUE SOLIZ, did/did not appear.

Respondent Father, RAUL EDWARD SAENZ, did/did not appear.

HUGH SAVAGE, appointed by the Court as Attorney ad litem, appeared on behalf of the Child the subject of this suit and indicated his agreement with the provisions of this Order as evidenced by his signature.

PARTIES IN AGREEMENT

The Court finds that the parties and attorneys who appear herein agree to the provisions and terms of this Order as evidenced by their signatures.

The Court finds that the parties and attorneys agree that the following Orders are necessary for the safety and welfare of the children and that such Orders are in the best interest of the children.

CHILD

The Court finds that the Child the subject of this action is:

NAME:	MARK SOLIZ AKA SAENZ
SEX:	Male
DATE OF BIRTH:	January 27, 1982
PLACE OF BIRTH:	Fort Worth, Texas
RESIDENCE:	Tarrant County, Texas
SOCIAL SECURITY NUMBER:	452-87-2368

CHILD SUPPORT

Respondent Father, RAUL EDWARD SAENZ, is ordered to pay child support in the amount of \$60.00 bi-monthly with the first payment being due on the 1st day of January, 1996, and a like payment of \$60.00 being due bi-monthly thereafter until further order of the court.

All payments of child support shall be made payable to the Texas Department of Protective and Regulatory Services and shall be paid through the Tarrant County Child Support Office, Third Floor, Tarrant County Civil Courts Building, Fort Worth, Texas 76196-0290.

Respondent Father, RAUL EDWARD SAENZ, is further ordered to pay to the Domestic Relations Office of Tarrant County, Texas, twenty four (\$24.00) Dollars annually. The first payment shall be in the amount of \$24.00 and shall be due and payable on the 1st day of July, 1996, and a payment of twenty four (\$24.00) Dollars due on October 1, annually thereafter.

FAILURE TO OBEY A COURT ORDER FOR CHILD SUPPORT OR FOR POSSESSION OF OR ACCESS TO A CHILD MAY RESULT IN FURTHER LITIGATION TO ENFORCE THE ORDER, INCLUDING CONTEMPT OF COURT. A FINDING OF CONTEMPT MAY BE PUNISHED BY CONFINEMENT IN JAIL FOR UP TO SIX MONTHS, A FINE OF UP TO \$500 FOR EACH VIOLATION, AND A MONEY JUDGMENT FOR PAYMENT OF ATTORNEY'S FEES AND COURT COSTS.

FAILURE OF A PARTY TO MAKE A CHILD SUPPORT PAYMENT TO THE PLACE AND IN THE MANNER REQUIRED BY A COURT ORDER MAY RESULT IN THE PARTY NOT RECEIVING CREDIT FOR MAKING THE PAYMENT.

FAILURE OF A PARTY TO PAY CHILD SUPPORT DOES NOT JUSTIFY DENYING THAT PARTY COURT-ORDERED POSSESSION OF OR ACCESS TO A CHILD. REFUSAL BY A PARTY TO ALLOW POSSESSION OF OR ACCESS TO A CHILD DOES NOT JUSTIFY FAILURE TO PAY COURT-ORDERED CHILD SUPPORT TO THAT PARTY.

EACH PERSON WHO IS A PARTY TO THIS ORDER OR DECREE IS ORDERED TO NOTIFY EACH OTHER PARTY WITHIN 10 DAYS AFTER THE DATE OF ANY CHANGE IN THE PARTY'S CURRENT RESIDENCE ADDRESS, MAILING ADDRESS, HOME TELEPHONE NUMBER, NAME OF EMPLOYER, ADDRESS OF EMPLOYMENT, AND WORK TELEPHONE NUMBER. THE PARTY IS ORDERED TO GIVE NOTICE OF AN INTENDED CHANGE IN ANY OF THE REQUIRED INFORMATION TO EACH OTHER PARTY ON OR BEFORE

ORDERS FOR CHILD SUPPORT

In the Interest of Mark Soliz aka Saenz, A Child - Cause No. 56079-J  
Page 2.

THE 60TH DAY BEFORE THE INTENDED CHANGE. IF THE PARTY DOES NOT KNOW OR COULD NOT HAVE KNOWN OF THE CHANGE IN SUFFICIENT TIME TO PROVIDE 60-DAY NOTICE, THE PARTY IS ORDERED TO GIVE NOTICE OF THE CHANGE ON OR BEFORE THE FIFTH DAY AFTER THE DATE THAT PARTY KNOWS OF THE CHANGE.

THE DUTY TO FURNISH THIS INFORMATION TO EACH OTHER PARTY CONTINUES AS LONG AS ANY PERSON, BY VIRTUE OF THIS ORDER OR DECREE, IS UNDER AN OBLIGATION TO PAY CHILD SUPPORT OR IS ENTITLED TO POSSESSION OF OR ACCESS TO A CHILD. FAILURE BY A PARTY TO OBEY THE ORDER OF THIS COURT TO PROVIDE EACH OTHER PARTY WITH THE CHANGE IN THE REQUIRED INFORMATION MAY RESULT IN FURTHER LITIGATION TO ENFORCE THE ORDER, INCLUDING CONTEMPT OR COURT. A FINDING OF CONTEMPT MAY BE PUNISHED BY CONFINEMENT IN JAIL FOR UP TO SIX MONTHS, A FINE OF UP TO \$500.00 FOR EACH VIOLATION, AND A MONEY JUDGMENT FOR PAYMENT OF ATTORNEY'S FEES AND COURT COSTS.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 1996.

\_\_\_\_\_  
Judge Presiding

APPROVED AS TO FORM:



Kellye R. Swanda  
Assistant Criminal District Attorney  
2700 Ben Avenue, Fort Worth, Texas 76103  
(817) 534-1002 (ext. 361 or 420)  
State Bar No. 00792864



**APPROVED AS TO FORM AND SUBSTANCE:**

---

**Hugh Savage**  
**Attorney ad litem for the Child**  
**316 Bailey Avenue**  
**Fort Worth, Texas 76107**  
**(817) 335-7748**  
**State Bar No. 17688400**

**ORDERS FOR CHILD SUPPORT**

**In the Interest of Mark Soliz aka Saenz, A Child - Cause No. 56079-J**  
**Page 4**

SEP 29 1997



TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES

INTERIM EXECUTIVE DIRECTOR

James R. Hine

BOARD MEMBERS

Maurine Dickey, LMSW-AP  
Chairman, Dallas

Penny Beaumont  
Bryan

Jon M. Bradley  
Dallas

Catherine Clark  
Mosbacher  
Houston

Bill Sheehan  
Dumas

Susan Stahl  
Dallas

September 25, 1997

Hugh Savage  
Attorney at Law  
316 Bailey Ave., Ste. 100  
Fort Worth, Texas 76107

RE: CAUSE NO. 56079-J  
In the Interest of the MARK SOLIZ aka SAENZ

Dear Mr. Savage:

Enclosed please find a copy of the ORDER MODIFYING MANAGING CONSERVATORSHIP in the above styled and numbered cause.

If I can be of further assistance, please contact me at (817) 534-1002, extension 251.

Sincerely,

A handwritten signature in cursive script, appearing to read "Katrina L. Griggs".

Katrina L. Griggs  
Legal Assistant

Enclosure

cc: Laura Flores, CPS Specialist, 012-2  
Dick Nabors, CPS Supervisor, 012-2  
Foster Care Eligibility Specialist  
File

CAUSE NO. 56079-J

IN THE INTEREST OF

MARK SOLIZ AKA SAENZ,

A CHILD

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IN THE JUVENILE COURT

OF TARRANT COUNTY, TEXAS

323RD JUDICIAL DISTRICT

ORDER MODIFYING MANAGING CONSERVATORSHIP

On this 23rd day of September, 1997, came to be heard the Original Petition in A Suit Affecting the Parent-Child Relationship brought by the TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES seeking Managing Conservatorship of the child subject of this suit.

Appearances

Movant, the TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES, appeared by representative, LAURA FLORES, and by attorney, NANCY DEWEES.

Respondent Mother, DONNA SUE SOLIZ, ~~did~~ did not appear.

Respondent Father, RAUL EDUARDO SAENZ, ~~did~~ did not appear.

HUGH SAVAGE, appointed by the Court Attorney ad litem for the Child, appeared <sup>by Eric Bales</sup> ~~in person~~ and did agree to the provisions of this Order as evidenced by his signature.

Jurisdiction

The Court, having examined the pleadings and heard the evidence and arguments of counsel, finds that it has continuing jurisdiction of this cause and of all the parties. All persons entitled to citation were properly cited.

Child

The Court finds that the Child who is the subject of this action is: MARK SOLIZ AKA SAENZ, a male child born on January 27, 1982.

Findings Pursuant to Chapter 263 of the Texas Family Code

The Court, after considering the relevant factors for determining the best interest of the Child pursuant to Section 263.307 of the Texas Family Code finds that:

the service plan filed by the Texas Department of Protective and Regulatory Services is reasonable, accurate, and in compliance with previous orders of this Court.

The Court Finds that the following orders for the safety and welfare of the Child are in the best interest of the Child.

**Orders Pursuant to Chapter 263 of the Texas Family Code**

IT IS ORDERED that the requirement that a Status Report be filed as required under Section 263.303 is hereby waived.

IT IS ORDERED that this hearing shall constitute a review of the placement of the Child pursuant to Chapter 263 of the Texas Family Code.

**Findings**

The Court finds that the appointment of the parents would not be in the best interest of the Child because the appointment would significantly impair the Child's physical health or emotional development.

**Permanent Managing Conservatorship**

IT IS ORDERED that the TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES, be and is hereby appointed Permanent Managing Conservator of the Child with, care, custody, and control of the Child, until further Order of the Court.

IT IS ORDERED that the Managing Conservator shall have the following rights, privileges, duties, and powers:

the rights to have physical possession of the Child and to establish the Child's legal domicile;

the duty of care, control, protection, moral and religious training, and reasonable discipline of the Child;

the duty to support the Child, including providing the Child with clothing, food, shelter, medical care, and education;

the duty to manage the estate of the Child, except when a guardian of the estate has been appointed;

...the right to the services and earnings of the Child;

the power to consent to marriage, to enlistment in the armed forces of the United States, and to medical, psychiatric, and surgical treatment;

the power to represent the Child in legal action and to make other decisions of substantial legal significance concerning the Child;

the power to receive and give receipt for payments for the support of the Child and to hold or disburse any funds for the benefit of the Child; and  
any other rights, privileges, duties and powers existing between a managing conservator and Child by virtue of law.

**Visitation and Access**

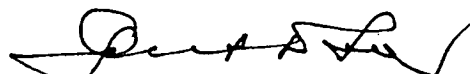
IT IS ORDERED that Respondent Mother, DONNA SUE SOLIZ, shall have reasonable visitation and access to the Child, as agreed upon and arranged by the Managing Conservator.

IT IS ORDERED that Respondent Father, RAUL EDUARDO SAENZ, shall have reasonable visitation and access to the Child, as agreed upon and arranged by the Managing Conservator.

**Additional Orders**

IT IS ORDERED that all relief requested and not expressly granted herein is hereby denied.

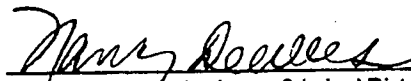
SIGNED this 23rd day of September, 1997.

  
\_\_\_\_\_  
Judge Presiding

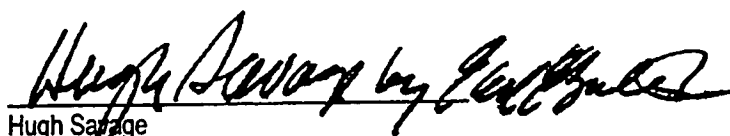
APPROVED:

  
Referee

APPROVED AS TO FORM:

  
Nancy DeWees, Assistant Criminal District Attorney  
2700 Ben Avenue, Fort Worth, Texas 76103  
(817) 534-1003 Ext. 361 or 420  
State Bar No. 00790589

APPROVED AS TO FORM AND SUBSTANCE:

  
Hugh Savage  
Attorney ad litem for the Child  
316 Bailey Ave., Suite 100  
Fort Worth, Texas 76107  
(817) 335-7748  
State Bar No. 17688400



## TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES

INTERIM EXECUTIVE DIRECTOR

Mart Hoffman

December 11, 1995

HUGH SAVAGE

ATTORNEY AT LAW

316 BAILEY AVENUE

SUITE 100

FORT WORTH, TEXAS 76107

RE: CAUSE NO. 56079-J

IN THE INTEREST OF MARK SOLIZ, AKA SAENZ

BOARD MEMBERS

Susan Stahl

Chairperson, Dallas

Jean P. Beaumont

Bryan

Jon Martin Bradley

Dallas

Maurine Dickey

Dallas

Catherine Clark Mosbacher

Houston

Bill Sheehan

Dumas

Dear Mr. Savage,

Enclosed please find a copy of the signed Agreed Temporary Orders in regards to the above styled cause.

If I can be of further assistance, please contact me at (817) 534-1002, extension 251.

Sincerely,

A handwritten signature in cursive script that reads "Rebecca B Vondra".

Rebecca Vondra

Legal Assistant

Enclosure

cc: Sandra McGuire, CPS Specialist, 819-1  
Gloria Corder, CPS Supervisor, 819-1  
Financial Services Specialist  
File

CAUSE NO. 56079-J

IN THE INTEREST OF

MARK SOLIZ,  
AKA  
SAENZ,

A CHILD

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IN THE JUVENILE COURT

OF TARRANT COUNTY, TEXAS

323RD DISTRICT COURT

AGREED TEMPORARY ORDERS

On this 7th day, of December, 1995, came on to be heard the application of the TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES, the Petitioner herein, for Temporary Orders concerning the Child who is the subject of this suit.

APPEARANCES

The TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES appeared by its representative, HEIDI SCHMIDT, and by its attorney of record, KELLYE R. SWANDA.

Respondent Mother, DONNA SUE SOLIZ, did/~~did not~~ appear.

Respondent Father, RAUL <sup>IS</sup> EDWARD SAENZ, did/~~did not~~ appear.

HUGH SAVAGE, appointed by the Court as Attorney ad litem, appeared on behalf of the Child the subject of this suit and indicated his/her agreement with the provisions of this Order as evidenced by his signature.

JURISDICTION

The Court, after considering the pleadings and arguments of the parties, finds that all necessary prerequisites of law have been satisfied and that this Court has jurisdiction of the parties and subject matter of this Cause under the provisions of Section 105.001 and 262.001 Texas Family Code.

The Court finds that all reasonable efforts have been made to prevent or eliminate the need for removal of the Child from the home. The Court finds that continuation of the Child in the home would be contrary to the welfare of the Child. The Court finds that the TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES agrees to make reasonable efforts to reunite the family.

The Court finds that the following Orders are necessary for the safety and welfare of the Child and that such Orders are in the best interest of the Child.



**CONSERVATORSHIP**

IT IS ORDERED that Petitioner be and Petitioner is hereby appointed Temporary Managing Conservator of the Child the subject of this suit:

NAME:	MARK SOLIZ
SEX:	Male
DATE OF BIRTH:	January 27, 1982
PLACE OF BIRTH:	Fort Worth, Texas
RESIDENCE:	Tarrant County, Texas
SOCIAL SECURITY NUMBER:	

IT IS ORDERED that the Temporary Managing Conservator shall have all the rights, privileges, duties, and powers of a non-parent Temporary Managing Conservator as provided in Section 153.371, Texas Family Code.

**VISITATION AND ACCESS**

IT IS ORDERED that Respondent Mother, DONNA SUE SOLIZ, shall have reasonable visitation as arranged and supervised by the TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES.

IT IS ORDERED that Respondent Father, RAUL ~~EDWARD SOLIZ~~ <sup>SAENZ</sup>, shall have reasonable visitation as arranged and supervised by the TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES.

**ADDITIONAL ORDERS**

IT IS ORDERED that, Respondent Mother, DONNA SUE SOLIZ, submit to a psychological evaluation to be arranged by the Texas Department of Protective and Regulatory Services.

IT IS ORDERED that Respondent Mother, DONNA SUE SOLIZ, make the results of the psychological evaluation available to the Texas Department of Protective and Regulatory Services, the attorney ad litem for the children, and the Court.

IT IS ORDERED that Respondent Mother, DONNA SUE SOLIZ, participate in random urinalysis as recommended by the Texas Department of Protective and Regulatory Services.

IT IS ORDERED that Respondent Mother, DONNA SUE SOLIZ, attend parenting classes at the Parenting Guidance Center as arranged by the Texas Department of Protective and Regulatory Services.

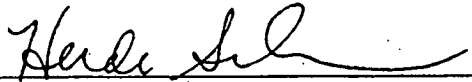
Signed this 24 day of December, 1995.

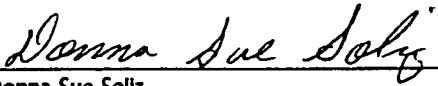
  
Judge Presiding

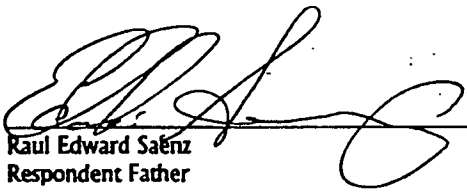
**AGREED TEMPORARY ORDER**

In the Interest of Mark Soliz aka Saenz, A Child – Cause No. 56079-J  
Page 2

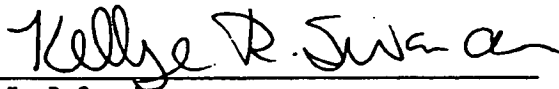
APPROVED AND AGREED TO:

  
Heidi Schmidt  
Authorized Representative  
Texas Department of Protective  
and Regulatory Services

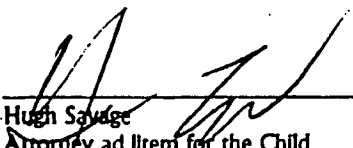
  
Donna Sue Soliz  
Respondent Mother

  
Raul Edward Saenz  
Respondent Father

APPROVED AS TO FORM:

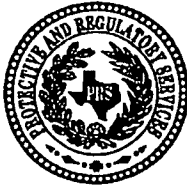
  
Kellye R. Swanda  
Assistant Criminal District Attorney  
2700 Ben Avenue, Fort Worth, Texas 76103  
(817) 534-1002 (ext. 361 or 420)  
State Bar No. 00792864

APPROVED AS TO FORM AND SUBSTANCE:

  
Hugh Savage  
Attorney ad litem for the Child  
316 W. Bailey, Suite 100  
Fort Worth, Texas 76107  
(817) 335-7748  
State Bar No. 17688400

AGREED TEMPORARY ORDER

In the Interest of Mark Soliz aka Saenz, A Child -- Cause No. 56079-J  
Page 3



TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES

EXECUTIVE DIRECTOR  
Janice M. Caldwell, Dr. P.H.

NOVEMBER 29, 1995

HUGH SAVAGE  
ATTORNEY AT LAW  
316 BAILEY AVENUE  
SUITE 100  
FORT WORTH, TEXAS 76107

RE: ATTORNEY AD LITEM APPOINTMENT  
IN THE INTEREST OF MARK SOLIZ, AKA SAENZ  
CAUSE NO. 56079-J

BOARD MEMBERS

Susan Stahl  
*Chair, Dallas*

Penny Beaumont  
*Bryan*

Frank Davila II  
*San Antonio*

Maconda Brown O'Connor  
*Houston*

Bill Sheehan  
*Dumas*

NOV 29 RECD

Dear Mr. Savage,

The above styled cause has been set for a **SHOW CAUSE HEARING** on **DECEMBER 7, 1995, at 2:00 p.m.**, in Judge Boyd's Court.

You have been appointed by the Court as Attorney ad Litem to represent the Child in this cause.

Enclosed please find a copy of the ORIGINAL PETITION and the EMERGENCY PROTECTION ORDER on the above cause.

Also, please note there is a **STATUS REVIEW HEARING** scheduled for **FEBRUARY 1, 1995, at 2:00 p.m.**, in Judge Boyd's Court.

If I can be of any assistance, please feel free to contact me at (817) 534-1002, extension 251.

Sincerely,

*Rebecca Vondra*  
RV

Rebecca Vondra  
Legal Assistant

Enclosures

cc: Heidi Schmidt, CPS Specialist, 819-1  
Gloria Corder, CPS Supervisor, 819-1  
Financial Services Specialist  
File

CAUSE NO. 56079 J

IN THE INTEREST OF

MARK SOLIZ,

A CHILD

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IN THE JUVENILE COURT

OF TARRANT COUNTY, TEXAS

323RD JUDICIAL DISTRICT

**ORDER FOR PROTECTION OF A CHILD IN AN EMERGENCY  
AND NOTICE OF HEARING**

On this day, the Original Petition and Request for Emergency Protection Orders, filed in this cause, was presented to the Court. Petitioner, the TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES, has established its interest in the Child, MARK SOLIZ, by the filing of an Original Petition in a Suit Affecting the Parent-Child Relationship.

The Court finds that it has jurisdiction of this cause under Section 262.001 of the Texas Family Code.

The Court further finds that Petitioner, the TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES, has taken possession of the Child, MARK SOLIZ.

The Court finds that the parents or legal guardian of the Child were provided a written notice of removal as required under Section 262.109 of the Texas Family Code.

The Court finds that there is a continuing danger to the physical health or safety of the Child and there is not time consistent with the physical health and safety of the Child for a full adversary hearing prior to the granting of this order.

The Court finds that all reasonable efforts consistent with the time and circumstances, and in accordance with 42 USC Section 671(a)(15) and 672(a)(1), have been made to prevent or eliminate the need for the removal of the Child and to make it possible to return the Child to the parents or other person entitled to custody of the Child, but that it is not in the Child's best interest to be in the possession of the parents or other persons entitled to custody.

Therefore, the Court finds that the following orders are in the best interest of the Child.

IT IS ORDERED that MARK SOLIZ, the Child the subject of this lawsuit be placed under the care, control and protection of the Petitioner and that the Petitioner, the TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES, is appointed Temporary Managing Conservator of the Child.

IT IS ORDERED that the Petitioner, the TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES, is authorized to consent to any medical or surgical care that may be required for the Child pending the hearing in this Cause under Section 262.201 of the Texas Family Code.

IT IS ORDERED that a full adversary hearing be held to provide for the temporary care and protection of the Child at 2:00 m. on the 7 day of December, 1995, in the Juvenile Court, 2701 Kimbo Road, Fort Worth, Texas and that the Clerk of this Court issue notice of the same to all parties entitled by virtue of Sections 102.009 of the Texas Family Code.

IT IS FURTHER ORDERED that Hugh Savage, a licensed attorney, is appointed as Attorney ad litem of the Child.

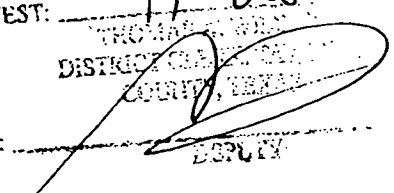
ORDERED this 28 day of November, 1995.

  
\_\_\_\_\_  
Judge Presiding

EMERGENCY PROTECTION ORDER  
In the Interest of Mark Soliz, A Child  
Page 2

A CERTIFIED COPY  
ATTEST: 11-28-95

THOMAS W. WILSON  
DISTRICT CLERK  
JUVENILE COURT  
FORT WORTH, TEXAS

BY:   
CLERK

CAUSE NO.

56079J

FILED

IN THE INTEREST OF

MARK SOLIZ,

aka SAENZ

A CHILD

NOV 23 1985 IN THE JUVENILE COURT

THOS OF TARRANT COUNTY, TEXAS

DIST

323RD JUDICIAL DISTRICT

**ORIGINAL PETITION IN A SUIT AFFECTING  
THE PARENT-CHILD RELATIONSHIP**

This Suit Affecting the Parent-Child Relationship is brought by the TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES, an authorized agency, located at 2700 Ben Avenue, Fort Worth, Texas 76103, represented by TIM CURRY, Criminal District Attorney of Tarrant County, Texas, through, KELLYE R. SWANDA, Assistant Criminal District Attorney.

**I.**

This Court has exclusive jurisdiction of this suit under the provisions of Title V of the Texas Family Code.

**II.**

The following child is the subject of this suit:

NAME:	MARK SOLIZ
SEX:	Male
DATE OF BIRTH:	January 27, 1982
PLACE OF BIRTH:	Fort Worth, Texas
RESIDENCE:	Tarrant County, Texas
SOCIAL SECURITY NUMBER:	452-87-2368

**III.**

The mother of the child is DONNA SUE SOLIZ, who date of birth is October 1, 1959, whose social security number is 458-23-9714, whose driver's license number is unknown, and whose address is 3116 Bright Street, Fort Worth, Texas 76105.

Process should be served at that address.

The alleged biological father of the child is RAUL EDUARDO SAENZ, whose whereabouts are unknown.

Efforts are being made to locate him.

No service is necessary at this time.

**IV.**

There are no court-ordered conservatorships, guardianships, or other court-ordered relationships affecting the child in this suit.

V.

No property is owned or possessed by the child subject of this suit.

VI.

Pursuant to Chapter 262 of the Texas Family Code, Petitioner alleges that there is an immediate danger to the physical health or safety of the child and there is no time consistent with the physical health or safety of the child for an adversary hearing. Petitioner alleges the facts as set forth in the attached affidavit, incorporated herein by reference, requires that the child be afforded protection under the provisions of Chapter 262 of the Texas Family Code.

Petitioner further alleges that reasonable efforts have been made to prevent the removal of, or eliminate the need to remove, the child from the possession of the parent or person entitled to custody of the child.

VII.

Petitioner alleges that termination of the parent-child relationship between DONNA SUE SOLIZ, and the child would be in the best interest of the child as provided by Section 161.001 of the Texas Family code. As ground for termination, Petitioner alleges that DONNA SUE SOLIZ, has:

Knowingly placed or knowingly allowed the child to remain in conditions or surroundings which endanger the emotional or physical well-being of the child; or

Engaged in conduct or knowingly placed the child with persons who engaged in conduct which endangers the physical or emotional well-being of the child; or

Executed, before or after the filing of this lawsuit, an unrevoked or irrevocable affidavit of relinquishment of parental rights.

VIII.

No man may be presumed to be the biological father of the child, MARK SOLIZ, in accordance with Section 151.002 of the Texas Family Code.

RAUL EDWARD SAENZ, has been alleged to be the biological father of MARK SOLIZ.

A parent-child relationship as defined in Sections 101.003, 101.024, and 101.025 of the Texas Family Code does not exist between, RAUL EDUARDO SAENZ, the alleged biological father and MARK SOLIZ. Petitioner alleges that the establishment of the parent-child relationship is not in the best interest of the child and requests the court to find that no parent-child relationship exists and to so decree.

If the parent-child relationship between the alleged biological father and the child has been, is, or will be established, Petitioner alleges that termination of the parent-child relationship between RAUL EDUARDO SAENZ, and the child is in the best interest of the child, as provided by Section 161.001 of the Texas Family Code. As grounds for termination, Petitioner alleges that RAUL EDUARDO SAENZ has:

Knowingly placed or knowingly allowed the child to remain in conditions or surroundings which endanger the emotion or physical well-being of the child; or

Engaged in conduct or knowingly placed the child with persons who engaged in conduct which endangers the physical or emotional well-being of the child; or

Voluntarily, and with knowledge of the pregnancy, abandoned the mother of the child beginning at a time during her pregnancy with the child and continuing through the birth, failed to provide adequate support or medical care for the mother during the period of abandonment before the birth of the child, and remained apart from the child or failed to support the child since the birth.

IX.

Petitioner alleges that appointment of the TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES as Managing Conservator would be in the best interest of the child named above and requests that Court to make this appointment as provided by 161.207 (b) of the Texas Family Code.

In the alternative, should the parent-child relationship not be terminated as requested above, petitioner asks to be appointed Managing Conservator of the Child as provided in 153.371 of the Texas Family Code. Petitioner alleges that the appointment of the TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES would be in the best interest of the child and requests the court to make this appointment as provided by Section 161.207 of the Texas Family Code.

X.

Petitioner alleges that the foregoing facts support the appointment of the TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES as Temporary Managing Conservator of the child, pending the final disposition of this suit. Petitioner requests this appointment as provided by Section 105.001 of the Texas Family Code.

XI.

Petitioner represents to the court that DONNA SUE SOLIZ, should be ordered to make payments for the support of the child pursuant to Sections 105.001 and 154.001 of the Texas Family Code.

Petitioner represents to the court that RAUL EDUARDO SAENZ, should be ordered to make payments for the support of the child pursuant to Sections 105.001 and 154.001 of the Texas Family Code.

XII.

Petitioner requests the court to appoint an attorney ad litem to represent the interests of the child the subject of this suit.

XIII.

PETITIONER IS AWARE THAT IT IS THE POLICY OF THE STATE OF TEXAS TO PROMOTE THE AMICABLE AND NONJUDICIAL SETTLEMENT OF DISPUTES INVOLVING CHILDREN AND FAMILIES.



PETITIONER IS AWARE OF ALTERNATIVE DISPUTE RESOLUTION METHODS INCLUDING MEDIATION. WHILE PETITIONER RECOGNIZES THAT ALTERNATIVE DISPUTE RESOLUTION IS AN ALTERNATIVE TO AND NOT A SUBSTITUTE FOR A TRIAL AND THAT THIS CASE MAY BE TRIED IF IT IS NOT SETTLED, PETITIONER REPRESENTS TO THE COURT THAT PETITIONER WILL ATTEMPT IN GOOD FAITH TO RESOLVE CONTESTED ISSUES IN THIS CASE BY ALTERNATIVE DISPUTE RESOLUTION WITHOUT THE NECESSITY OF COURT INTERVENTION.

PRAYER

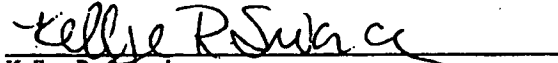
Petitioner prays that citation and notice be issued to all persons entitled to citation and notice under the law.

Petitioner prays that the court enter its orders in accordance with the foregoing allegations.

Petitioner prays for general relief.

Respectfully submitted,

TIM CURRY, Criminal District Attorney  
Tarrant County, Texas

  
Kellye R. Swanda  
Assistant Criminal District Attorney  
2700 Ben Avenue, Fort Worth, Texas 76103  
(817) 534-1002 Ext. 420 or 361  
State Bar No. 00792864

TARRANT

AFFIDAVIT

'95 NOV 23 12:13

STATE OF TEXAS  
COUNTY OF TARRANT

THOMAS J. JONES

BEFORE ME, the undersigned authority, a Notary Public in and for said County, State of Texas, on this day personally appeared, Heidi M. Schmidt, who, having been by me first duly sworn, upon oath deposes and says:

My name is Heidi Schmidt. I am a Child Protective Services Specialist IV for the Texas Department of Protective and Regulatory Services. In that capacity I was assigned an investigation regarding Donna Soliz (DOB 10/1/59, SS#458-23-9714) and her son, Mark Soliz, AKA Mark Saenz, (DOB 1/27/82, SS#452-87-2368). Mark had been placed at Buckner's Children's Home by Juvenile Probation about 21 months ago. His probation officer is LeAnna Judd. He has an extensive juvenile history and was mostly unsupervised by his mother. Ms. Soliz is an admitted drug addict and has no permanent residence. During the time that Mark was in Buckner's Home, his mother called and visited about five times. Mark's probation officer could never reach Ms. Soliz as she had no permanent residence. Ms. Soliz rarely made attempts to call Mark's probation officer and failed to follow through with her plan of service.

Child Protective Services has investigated Ms. Soliz several times for not supervising her children properly. Mark's older brother, Michael, who is 16, is in jail at this time on burglary and stolen vehicle charges. There has always been concern expressed about Ms. Soliz' parenting skills, in addition to her drug problem.

On 11/25/95, Mark's probation had expired, and his probation officer and staff at Buckner's could not reach Ms. Soliz. All expressed the concern that Mark would backslide into a delinquent lifestyle if sent back to his mother. He has been doing very well at Buckner's in their program. Although Ms. Soliz and her sister, Kathryn Paloma, did show up in court on 11/27/95, Judge Menikos gave temporary custody to Child Protective Services while the investigation is being completed.

I HAVE PERSONAL KNOWLEDGE OF THE ABOVE AND I SWEAR IT IS TRUE AND  
CORRECT.

*[Signature]*

AFFIANT

STATE OF TEXAS

COUNTY OF TARRANT

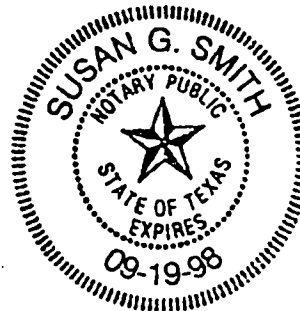
SWORN TO AND SUBSCRIBED BEFORE ME, on the 28th day of  
November, 1995.

*[Signature]*

NOTARY PUBLIC, STATE OF TEXAS

9-19-98  
MY COMMISSION EXPIRES:

PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGE(S)



CAUSE NO. \_\_\_\_\_

FILED  
TARRANT COUNTY

STATE OF TEXAS

'95 NOV 23 P2 23

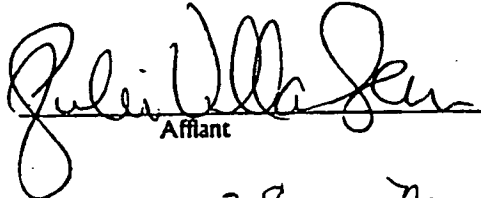
COUNTY OF TARRANT

THOMAS J. HALDER  
DISTRICT CLERK

BEFORE ME, the undersigned authority, on this day personally appeared, JULIE VILLARS-LEVINS, Affiant, who, having been by me first duly sworn, upon oath stated the following and swore that it was true:

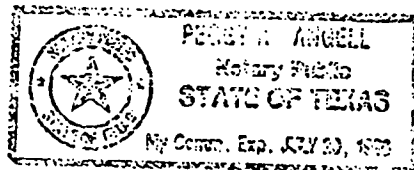
Petitioner has not complied with Chapter 45, Human Resources Code, regarding the Interstate Compact for Placement of Children because a permanent placement for MARK SOLIZ, has not yet been identified. However, once a placement is identified, the Petitioner will comply with ICPC as necessary.

I AM AWARE THAT IT IS THE POLICY OF THE STATE OF TEXAS TO PROMOTE THE AMICABLE AND NONJUDICIAL SETTLEMENT OF DISPUTES INVOLVING CHILDREN AND FAMILIES. I AM AWARE OF ALTERNATIVE DISPUTE RESOLUTION METHODS INCLUDING MEDIATION. WHILE I RECOGNIZE THAT ALTERNATIVE DISPUTE RESOLUTION IS AN ALTERNATIVE TO AND NOT A SUBSTITUTE FOR A TRIAL AND THAT THIS CASE MAY BE TRIED IF IT IS NOT SETTLED, I REPRESENT TO THE COURT THAT I WILL ATTEMPT IN GOOD FAITH TO RESOLVE CONTESTED ISSUES IN THIS CASE BY ALTERNATIVE DISPUTE RESOLUTION WITHOUT THE NECESSITY OF COURT INTERVENTION.

  
Affiant

Subscribed and sworn to before me on this the 28 day of November 1995.

  
Notary Public, State of Texas



WHEN COMPLETED WITH THE SEAL OF THE CITY OF FORT WORTH,  
THIS IS CERTIFIED TO BE A TRUE COPY OF THE PERMANENT  
RECORD AS FILED IN THE BUREAU OF VITAL STATISTICS.

ISSUED **MAR 9 1982**

*Guadalupe L. Harris*  
LOCAL REGISTRAR

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NO.

1. NAME (Type or print)		2. DATE OF BIRTH
MARK ANTHONY SOLIZ		1-27-82
3. SEX	4. PLACE OF BIRTH - COUNTY	5. CITY OR TOWN (If outside city limits, give precinct no.)
MALE	TARRANT	FORT WORTH
6. NAME OF HOSPITAL (If not in records, give street address)		7. INSIDE CITY
JOHN PETER SMITH HOSPITAL		YES
8. THIS BIRTH SINGLE, TWIN, TRIPLET, ETC. (Specify)		9. IF TWIN OR TRIPLET WAS C- BORN (1st, 2nd, 3rd, 4th, etc.)
SINGLE		
10. NAME (Type or print)		
11. IS FATHER OF SPANISH ORIGIN?		
12. YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		
13. AGE (as time of this birth)	14. BIRTHPLACE (State or foreign country)	15. USUAL OCCUPATION
16. USUAL BUSINESS OR INDUSTRY		
17. MAIDEN NAME		18. NAME
TARRANT		SOLIZ
19. RACE		20. IS MOTHER OF SPANISH ORIGIN?
WHITE	YES	
21. IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		
MEXICAN		
22. AGE (as time of this birth)		23. BIRTHPLACE (State or foreign country)
24	OKLAHOMA	
24. USUAL OCCUPATION		25. END OF BUSINESS OR INDUSTRY
HOMEMAKER		HOMS
26. RESIDENCE -		27. COUNTY
TEXAS		TARRANT
28. CITY OR TOWN (If outside city limits, give precinct no.)		29. ZIP CODE
FORT WORTH		76106
30. STREET ADDRESS (If rural, give location)		31. INSURANCE LIMITS
3114 N. FOUSTON		YES
32. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do, don't care, none, etc.)		
33. HOW MANY OTHER CHILDREN BORN TO THIS MOTHER (Do, don't care, none, etc.)		
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100. HOW MANY OTHER CHILDREN BORN TO THIS FATHER (Do, don't care, none, etc.)		

11:25 A.M.

WILLIAM P. SINGLETON M.D. FORT WORTH, TX.

1-27-82

REGISTRAR'S FILE NO.

01

DATE RECD BY LOCAL REGISTRAR

FEB 5 1982

SIGNATURE OF LOCAL REGISTRAR

*Guadalupe L. Harris*

Pages 344 through 348 redacted for the following reasons:  
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Case Name: Soliz, Donna S	
Case #: 17020998	
Child's Name: Mark A Soliz	DOB: 1/27/1982

## FOSTER CARE ASSISTANCE REVIEW


4. Resources - Does the child have more than \$1000 equity in property and resources? ☐ Yes ☒ No

5. Alien Status - If the child is a U.S. citizen, skip this item.

Is the child's temporary-residence status still in effect?..... ☐ Yes ☐ No

If yes, when does it expire?.....

If yes, complete the following:

Effective Date      INS No.

If no, has the child been granted permanent residency? ..... ☐ Yes ☐ No

6. Address for Form 3087 (Medicaid I.D. Card) - if form 3087 is to be sent to someone other than the child's caregiver, specify who:

Name

Medicaid Card Address

7. Extended Education - If the child is under 17, skip this item.

Will the child finish high school or a  
complete a vocational or technical  
training program before turning 19? ☒ Yes ☐ NoWill the child finish high  
school before turning 20? ☒ Yes ☐ NoPlanned Date of Completion  
06-01-2000Attach a copy of the most recent court orders to this review  
unless the court has not issued any orders since the last review).\_\_\_\_\_  
Signature - Child's Worker\_\_\_\_\_  
Date

Case Name: Soliz, Donna S
Case #: 17020998
Child's Name: Mark A Soliz
DOB: 1/27/1982

**FOSTER CARE ASSISTANCE ELIGIBILITY  
DETERMINATION**

Medicaid No. 508092037	Child's Worker Laura A Flores	Mail Code 0122
---------------------------	----------------------------------	-------------------

Eligibility Determination - based on

- ☐ Foster Care Assistance Application
- ☒ Foster Care Assistance Review
- ☐ Special Review

Received on (date): 01-28-98

Eligibility Status: State-Paid

Eligibility Start Date: 1/28/1998

Eligibility Review Date: 1/28/1999

Eligibility End Date:

Medicaid Eligibility Group: Regular

Payment Computation for LOC 05


Daily Rate <u>99.68</u> x 30	\$ <u>2990.40</u>
Less Child's Monthly Income	\$ <u>0.00</u>
<b>MONTHLY PAYMENT</b>	\$ <u>2990.40</u>

**Notifications**

Have you reported the child's health Insurance on Form 1039?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> N/A
Have you notified the child's worker of this eligibility determination?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

**Comments-Explain why this child is eligible for the type of foster-care assistance specified above.**

TMC continues. Contrary to review form, placement on CAPs is correct and accepts Loc 05. Child has no income or child support. Bc is in case. SS# is on file. Domicile did not exist at initial certification for an 08 child. = TP10-A

  
Signature-Eligibility Worker

1-28-98  
Date

cc:



Case Name: Soliz, Donna S
Case #: 17020998
Child's Name: Mark A Soliz
DOB: 1/27/1982

## FOSTER CARE ASSISTANCE REVIEW

Race White (Hispanic)	Sex M	Medicaid No. 508092037	SSN 452-87-2368
If no SSN, date applied for:			
Worker's Name Laura A Flores	Worker's BJN 03163C03	Mail Code 0122	Telephone No. (817) 590-9508
Extension 255			
Worker's Address (Street, City, State, Zip) 401 W. SANFORD STE 2040, ARLINGTON, TX 76011-7087			

## 1. Current Placement

Name of Placement <del>Harris County Juvenile Prob.</del> <b>Desert Hills Etc</b>	Facility Number	LOC or Foster Care Daily Rate 5
Address (Street, City, State, Zip) 1401 WARREN DR, MARSHALL, Texas 75672-5893		Date Placed in Facility 11/28/1997

## 2. Deprivation of Parental Support - Address the conditions that apply now to the home from which the child was removed.

PARENTS LIVING TOGETHER	Is either parent receiving disability benefits? If yes, describe. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the primary wage-earner unemployed (AFDC-UP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the parents are not married, has the man's paternity been established? <input type="checkbox"/> Yes <input type="checkbox"/> No
PARENTS NOT LIVING TOGETHER	Check one: <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Desertion <input type="checkbox"/> Incarceration <input type="checkbox"/> Death	
CHILD REMOVED FROM A RELATIVE	Name of Relative	Relationship to Child
PARENTAL RIGHTS TERMINATED		
Date of Termination		

Comments:

## 3. Child's Currently Effective Income(s) and Resource(s)

Income			
Income Type	Amount	Verification Method	Source
	0.00		

Income Not Listed Above			
Income Type	Amount	Verification Method	Source

Resources			
Resource Type	Amount	Verification Method	Accessibility
	0.00		

Resources Not Listed Above			
Resource Type	Amount	Verification Method	Accessibility

<b>Case Name:</b> Soliz, Donna S
<b>Case #:</b> 17020998
<b>Child's Name:</b> Mark A Soliz <span style="float: right;"><b>DOB:</b> 1/27/1982</span>

**FOSTER CARE ASSISTANCE REVIEW**


4. Resources - Does the child have more than \$1000 equity in property and resources? ☐ Yes ☒ No

5. Alien Status - If the child is a U.S. citizen, skip this item.

Is the child's temporary-residence status still in effect?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when does it expire? .....	
If yes, complete the following:	
Effective Date	INS No.
If no, has the child been granted permanent residency? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Address for Form 3087 (Medicaid I.D. Card) - if form 3087 is to be sent to someone other than the child's caregiver, specify who:

Name
Medicaid Card Address

7. Extended Education - If the child is under 17, skip this item.

Will the child finish high school or a complete a vocational or technical training program before turning 19? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will the child finish high school before turning 20? <input type="checkbox"/> Yes <input type="checkbox"/> No	Planned Date of Completion
--	---	----------------------------

Attach a copy of the most recent court orders to this review unless the court has not issued any orders since the last review).

\_\_\_\_\_  
Signature - Child's Worker

\_\_\_\_\_  
Date

<b>Case Name:</b> Soliz, Donna S	
<b>Case #:</b> 17020998	
<b>Child's Name:</b> Mark A Soliz	<b>DOB:</b> 1/27/1982

**FOSTER CARE ASSISTANCE REVIEW**

<b>Race</b> Hispanic	<b>Sex</b> M	<b>Medicaid No.</b> 508092037	<b>SSN</b> 452-87-2368
If no SSN, date applied for:			
<b>Worker's Name</b> Sandra Mcguire		<b>Worker's BJN</b> 03154C02	<b>Mail Code</b> 8191
		<b>Telephone No.</b> (817) 590-9508	<b>Extension</b> 251
<b>Worker's Address (Street, City, State, Zip)</b> 951 W PIPELINE ROAD SUITE 310, HURST, TX 76053-4849			

**1. Current Placement**

<b>Name of Placement</b> City House	<b>Facility Number</b> 200184	<b>LOC or Foster Care Daily Rate</b> 4
<b>Address (Street, City, State, Zip)</b> 902 E 16TH ST, PLANO, Texas 75074-5810		<b>Date Placed in Facility</b> 1/14/1997

**2. Deprivation of Parental Support - Address the conditions that apply now to the home from which the child was removed.**

<b>PARENTS LIVING TOGETHER</b>	Is either parent receiving disability benefits? If yes, describe. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the primary wage-earner unemployed (AFDC-UP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the parents are not married, has the man's paternity been established? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PARENTS NOT LIVING TOGETHER</b>	Check one: <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Desertion <input type="checkbox"/> Incarceration <input type="checkbox"/> Death	
<b>CHILD REMOVED FROM A RELATIVE</b>	<b>Name of Relative</b>	<b>Relationship to Child</b>
<b>PARENTAL RIGHTS TERMINATED</b>		<b>Date of Termination</b>

Comments:

**3. Child's Currently Effective Income(s) and Resource(s)**

Income			
Income Type	Amount	Verification Method	Source
	0.00		

Income Not Listed Above			
Income Type	Amount	Verification Method	Source

Resources			
Resource Type	Amount	Verification Method	Accessibility
	0.00		

<b>Case Name:</b> Soliz, Donna S
<b>Case #:</b> 17020998
<b>Child's Name:</b> Mark A Soliz <span style="float: right;"><b>DOB:</b> 1/27/1982</span>

**FOSTER CARE ASSISTANCE REVIEW****Resources Not Listed Above**

Resource Type	Amount	Verification Method	Accessibility

4. Resources - Does the child have more than \$1000 equity in property and resources? ☐ Yes ☐ No

5. Alien Status - If the child is a U.S. citizen, skip this item.

Is the child's temporary-residence status still in effect?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when does it expire? .....	
If yes, complete the following:	
Effective Date	INS No.
If no, has the child been granted permanent residency? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Address for Form 3087 (Medicaid I.D. Card) - If form 3087 is to be sent to someone other than the child's caregiver, specify who:

Name
Medicaid Card Address

7. Extended Education - If the child is under 17, skip this item.

Will the child finish high school or a complete a vocational or technical training program before turning 19? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will the child finish high school before turning 20? <input type="checkbox"/> Yes <input type="checkbox"/> No	Planned Date of Completion
--	---	----------------------------

Attach a copy of the most recent court orders to this review unless the court has not issued any orders since the last review).

Signature - Child's Worker

Date

<b>Case Name:</b> Soliz, Donna S
<b>Case #:</b> 17020998
<b>Child's Name:</b> Mark A Soliz <b>DOB:</b> 1/27/1982

### FOSTER CARE ASSISTANCE ELIGIBILITY DETERMINATION

<b>Medicaid No.</b> 508092037	<b>Child's Worker</b> Sandra Mcguire	<b>Mail Code</b> 8191
----------------------------------	---	--------------------------

Eligibility Determination - based on

☐ Foster Care Assistance Application

☒ Foster Care Assistance Review

☐ Special Review

Received on (date): 01/30/1997

Eligibility Status: State-Paid

Eligibility Start Date: 1/1/1997

Eligibility Review Date: 1/1/1998

Eligibility End Date:

Medicaid Eligibility Group: Regular

#### Payment Computation for LOC

Daily Rate <u>82.64</u> x <u>30</u>	\$ <u>2479.20</u>
Less Child's Monthly Income	\$ <u>0</u>
<b>MONTHLY PAYMENT</b>	<b>\$ <u>2479.20</u></b>

#### Notifications

Have you reported the child's health Insurance on Form 1039?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
Have you notified the child's worker of this eligibility determination?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**Comments-Explain why this child is eligible for the type of foster-care assistance specified above.**

Child is 15 years old. He does not have any income. Child was removed from mother who had 0 income. Parents did not live together. Court orders receive with proper language. Child removed from Buckners after 21 month stay at Juv. Child continues to be eligible for TP 10.



Signature-Eligibility Worker

01/30/1997

Date

cc:

6 WORKER MAIL CODE 128-6  
SHIRLEY DOMINY  
BJN 03102C04  
FT WORTH

FOSTER CARE, ADOPTION AND CONSERVATORSHIP  
TRACKING SYSTEM (FACTS)-Turnaround Document

## WORKER INFORMATION

1. Worker Name (Last)		(First)	
MCGUIRE		SANDRA	
2. Emp. No.	3. BJN	4. Mail Code	5. Today's Date
6451	03154C02	1286	
6. Worker Responsibility			
<input checked="" type="checkbox"/> 1-Primary Responsibility <input type="checkbox"/> 2-Courtesy Supervision			

## CLIENT INFORMATION

## PROCESS DATE

7. Client No.	08-12-96	8. Action Code	9. Effective Date
508092037	ACTIVE	1-Tracking <input type="checkbox"/> 2-Update <input type="checkbox"/> 3-Tracking <input type="checkbox"/> 4-Close <input type="checkbox"/>	07-24-96
10. Client Name (Last)	(First)	(MI)	11. Social Security No.
SOLIZ	MARK	A	452872368
12. Date of Birth	14. Sex		
01-27-82	<input type="checkbox"/> 1-Female <input checked="" type="checkbox"/> 2-Male		
13. Ethnic Group			
<input type="checkbox"/> 1-Anglo <input type="checkbox"/> 2-Black <input checked="" type="checkbox"/> 3-Hispanic <input type="checkbox"/> 4-American Indian <input type="checkbox"/> 5-Oriental <input type="checkbox"/> 6-Other			

## 15. CLIENT CHARACTERISTICS-Check all that apply (enter an \* to delete a characteristic)

02-Blind	05-Mentally Retarded	08-Refugee/Entrant	11-Medically Fragile
03-Deaf	<input checked="" type="checkbox"/> 06-Emotionally Disturbed	09-Migrant	
04-Physically Handicapped	07-Sibling Group	10-None	

15.a. Certification Worker BJN

16. Family Identifier Name (enter last name first)	17. Family ID Client No. (must be registered on SSMS)
SOLIZ DONNA	508092036

## 18. CLIENT TYPE

## 19. ELIGIBILITY STATUS

<input checked="" type="checkbox"/> 31-Abuse/Neglect	Non-adjudicated	01-SSI	MAO	Certification/	20. Eligibility Date	20.a. Denial Date	20.b. LOC
32-Abuse	37-CHINS	02-AFDC Rec.	09-Foster Care		11-27-95		04
33-Neglect	Adjudicated Delinquent-	03-MAO	State Paid				
34-Truant	38-Court Ordered	04-Inc. Elig.	10-Foster Care				
35-Runaway	Protective Placement	Without	AFDC/MAO/SPFC	Billing			
Adj. CHINS-	42-(Non-Abuse/Neglect)	05-Regard	11-App. Pending	20.c. LOC	04		
36-Court Ordered	43-Placement of Children.	AFDC	14-Cat. 5 R/E			21. Review Date	22. Priority
	44-Post-Adoption	08-Fost. Care	<input checked="" type="checkbox"/> 16-EA/T-XIX			11-27-96	1

## LEGAL INFORMATION

23. STATUS-Initiate/Update	Terminate/Close	24. Legal Status Date	25. County	26. PERMANENCY GOAL	27. ARE/ OTHER EXCHANGE
<input checked="" type="checkbox"/> 01-Parental Rights Not Term.	Adoption	11-28-95	220	Family	<input checked="" type="checkbox"/> 1-NA
Man. Conservatorship/	06-Complete			01-Preservation	
02-Parental Rights Term.	Child			<input checked="" type="checkbox"/> 02-Reunification	2-ARE
Voluntary	07-Emancipated			Perm. Placement	ARE & Other
03-Relinquishment	Child			03-with Relative	3-Exchange
Voluntary Placement	08-Died			Adoption by	
04-Agreement	PRS Respons.			04-Non-Relative	4-No
Other Legal Basis for	09-Terminated			Trans. Conserv.	
05-PRS Responsibility				05-to Caregiver	
				10-Adult Living	

## PLACEMENT INFORMATION-Do not enter Item 28 (Line) except on corrections.

28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
3 01	02-17-94	21	13	255282	BUCKNER BAPTIST CHILDR
34. Residence Street Address	35. City	36. St.	37. ZIP	38. County	
5200 S BUCKNER BLVD	DALLAS	TX	75227	057	
28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
4 02	11-27-95	21	10	255282	BUCKNER BAPTIST CHILDR
34. Residence Street Address	35. City	36. St.	37. ZIP	38. County	
5200 S BUCKNER BLVD	DALLAS	TX	75227	057	
28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
5 03	06-05-96	17	10	006190	BUCKNER BAPTIST CHILDR
34. Residence Street Address	35. City	36. St.	37. ZIP	38. County	
5200 S BUCKNER BLVD	DALLAS	TX	75227	057	

## MEDICAID CARD ADDRESS If different from current placement

42. NAME-LAST	FIRST	MI
43. STREET		
44. CITY	45. TX	46. ZIP

39. CORRECT/TRANSFER  
TO THIS BJN

40. FOR S.O. USE

41.

**FOSTER CARE, ADOPTION AND CONSERVATORSHIP TRACKING SYSTEM (FACTS)**  
**(Items 30 and 31—Corresponding Codes)**

ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED	ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED
01 — Own Home 02 — Relative's Home 03 — Independent Living Arrangement 31 — Unauthorized Absence 32 — Other	01 — Not Applicable	17 — Private Child Caring Institution 19 — Private Institution for Mentally Retarded 21 — Private Institution for Emotionally Disturbed 22 — Public/Private Institution for Physically Handicapped 23 — Public/Private Institution for Blind/Deaf 27 — Maternity Home 28 — Halfway House 29 — Hospital 36 — Therapeutic Camp 37 — Psychiatric Unit of a Hospital 38 — Psychiatric Hospital 39 — Foster Family Home—Primary Medical Needs 40 — Foster Group Home—Primary Medical Needs	05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays
33 — Adoptive Home/Former Foster Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays	16 — Public Child Caring Institution 18 — Public Institution for Mentally Retarded 20 — Public Institution for Emotionally Disturbed	05 — Free 06 — Client Pays 07 — County Paid Foster Care 13 — Other Pays
04 — Adoptive Home 34 — Adoptive Home/Relative Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 06 — Client Pays 13 — Other Pays	24 — Texas Youth Council Facility 25 — Other Juvenile Detention Facility 26 — Jails and Prisons	05 — Free 13 — Other Pays
05 — PRS Foster Home 06 — Other Foster Home 07 — PRS Foster Group Home 08 — Other Foster Group Home Emergency Shelter Foster Home Emergency Shelter Foster Group Home 11 — Foster Home for Emotionally Disturbed 12 — Foster Group Home for Emotionally Disturbed 13 — Foster Home for Mentally Retarded 14 — Foster Group Home for Mentally Retarded 15 — Emergency Shelter Institution	05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 12 — CWF Group Home or Emergency Shelter 13 — Other Pays	30 — Nursing Home 41 — Residential Substance Abuse Treatment	06 — Client Pays 13 — Other Pays 13 — Other Pays

The following items must be completed for your document to process. Check other items also to be sure you have updated all necessary items.

ACTION CODE	Form 2001-A		Form 2001-B	
	PRIMARY WORKER	COURTESY WORKER	PRIMARY WORKER	COURTESY WORKER
INITIATE TRACKING	All items must be completed. Legal status must be 01—05.	Items 1—12 must be completed.	All client-related items that are not pre-printed must be completed. Legal status must be 01—05.	Items 5, 6, 8, and 9 must be completed
UPDATE TRACKING	All items must be completed.	Items 1—12 and 39 (if a BJN transfer is necessary) must be completed.	Items 5, 8, 9, and any items that need to be added or updated must be completed.	Items 5, 8, 9, and 39 (if a BJN transfer is necessary) must be completed.
TERMINATE TRACKING	All items must be completed. Legal status must be 06—09 and legal status date must be updated.	Do not use this action code.	Items 5, 8, 9, and any items that need to be added or updated must be completed. Legal status must be 06—09 and legal status date must be updated.	Do not use this action code.
CLOSE STRATION	All items must be completed. Legal status must be 06—09 and legal status date must be updated.	Items 1—12 must be completed.	Items 5, 8, 9, and any items that need to be added or updated must be completed. Legal status must be 06—09 and legal status date must be updated.	Items 5, 8, and 9 must be completed.

6 WORKER MAIL CODE 128-6  
SHIRLEY DOMINY  
BJN 03102C04  
FT. WORTH

FOSTER CARE, ADOPTION AND CONSERVATORSHIP  
TRACKING SYSTEM (FACTS)-Turnaround Document

## WORKER INFORMATION

1. Worker Name (Last)	(First)		
MCGUIRE	SANDRA		
2. Emp. No.	3. BJN	4. Mail Code	5. Today's Date
6451	03154E02	1286	
6. Worker Responsibility			
<input checked="" type="checkbox"/> 1-Primary Responsibility <input type="checkbox"/> 2-Courtesy Supervision			

## CLIENT INFORMATION

## PROCESS DATE

7. Client No.	07-24-96	8. Action Code	9. Effective Date	
508092037	ACTIVE	<input type="checkbox"/> Initiate 1-Tracking <input type="checkbox"/> 2-Update <input type="checkbox"/> Terminate 3-Tracking <input type="checkbox"/> 4-Close	07-24-96	
10. Client Name (Last)	(First)	(MI)	11. Social Security No.	12. Date of Birth
SOLIZ	MARK	A	452872368	01-27-82
13. Ethnic Group			14. Sex	
<input type="checkbox"/> 1-Anglo <input type="checkbox"/> 2-Black <input checked="" type="checkbox"/> 3-Hispanic <input type="checkbox"/> 4-American Indian <input type="checkbox"/> 5-Oriental <input type="checkbox"/> 6-Other			<input type="checkbox"/> 1-Female <input checked="" type="checkbox"/> 2-Male	

## 15. CLIENT CHARACTERISTICS-Check all that apply (enter an \* to delete a characteristic)

02-Blind	05-Mentally Retarded	08-Refugee/Entrant	11-Medically Fragile	15.a. Certification Worker BJN
03-Deaf	<input checked="" type="checkbox"/> 06-Emotionally Disturbed	09-Migrant		
04-Physically Handicapped	07-Sibling Group	10-None		

2 16. Family Identifier Name (enter last name first) SOLIZ DDNNA 17. Family ID Client No. (must be registered on SSMS) 508092036

## 18. CLIENT TYPE

<input checked="" type="checkbox"/> 31-Abuse/Neglect	Non-adjudicated
32-Abuse	37-CHINS
33-Neglect	Adjudicated Delinquent-
34-Truant	38-Court Ordered
35-Runaway	Protective Placement
Adj. CHINS-	42-(Non-Abuse/Neglect)
36-Court Ordered	Interstate Compact for
	43-Placement of Children.
	44-Post-Adoption

## 19. ELIGIBILITY STATUS

01-SSI	MAO
02-AFDC Rec.	09-Foster Care
03-MAO	State Paid
04-Inc. Elig.	10-Foster Care
Without	AFDC/MAO/SPFC
05-Regard	11-App. Pending
AFDC	14-Cat. 5 R/E
08-Fost. Care	<input checked="" type="checkbox"/> 16-EA/T-XIX

## Certification/

## 20. Eligibility Date

11-27-95

## 20.a. Denial Date

## Recom.

## 20.b. LOC

04

## Billing

## 20.c. LOC

04

## 21. Review Date

11-27-96

## 22. Priority

1

## LEGAL INFORMATION

23. STATUS-Initiate/Update	Terminate/Close	24. Legal Status Date	25. County
<input checked="" type="checkbox"/> 01-Parental Rights Not Term.	Adoption	11-28-95	220
02-Parental Rights Term.	06-Complete	STATE PAID FC(A)	
Voluntary	Child	OPEN	
03-Relinquishment	07-Emancipated	CLOSE	
Voluntary Placement	Child		
04-Agreement	08-Died		
Other Legal Basis for	PRS Respons.		
05-PRS Responsibility	09-Terminated		

## 26. PERMANENCY GOAL

Family	LTC Severe
01-Preservation	06-Disabilities
Family	Fost. Care w/
<input checked="" type="checkbox"/> 02-Reunification	07-Commitment
Perm. Placement	Fost. Care w/o
03-with Relative	08-Commitment
Adoption by	Other Long
04-Non-Relative	09-Term Care
Trans. Conserv.	10-Adult Living
05-to Caregiver	

## 27. ARE/ OTHER EXCHANGE

<input checked="" type="checkbox"/> 1-NA
2-ARE
ARE & Other
3-Exchange
4-No

## PLACEMENT INFORMATION-Do not enter Item 28 (Line) except on corrections.

28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name	
3 01	02-17-94	21	13	255282	BUCKNER BAPTIST CHILDR	
34. Residence Street Address		35. City		36. St.	37. ZIP	38. County
5200 S BUCKNER BLVD		DALLAS		TX	75227	057
28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name	
4 02	11-27-95	21	10	255282	BUCKNER BAPTIST CHILDR	
34. Residence Street Address		35. City		36. St.	37. ZIP	38. County
5200 S BUCKNER BLVD		DALLAS		TX	75227	057
28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name	
5 03	06-05-96	17	10	006190	BUCKNER BAPTIST CHILDR	
34. Residence Street Address		35. City		36. St.	37. ZIP	38. County
5200 S BUCKNER BLVD		DALLAS		TX	75227	057

## MEDICAID CARD ADDRESS if different from current placement

42. NAME-LAST	FIRST	MI
43. STREET		
44. CITY		
45.	46. ZIP	
TX		

39. CORRECT/TRANSFER  
TO THIS BJN

## 40. FOR S.O. USE

41

6



**FOSTER CARE, ADOPTION AND CONSERVATORSHIP TRACKING SYSTEM (FACTS)**  
**(Items 30 and 31—Corresponding Codes)**

ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED	ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED
01 — Own Home 02 — Relative's Home 03 — Independent Living Arrangement 31 — Unauthorized Absence 32 — Other	01 — Not Applicable	17 — Private Child Caring Institution 19 — Private Institution for Mentally Retarded 21 — Private Institution for Emotionally Disturbed 22 — Public/Private Institution for Physically Handicapped 23 — Public/Private Institution for Blind/Deaf 27 — Maternity Home 28 — Halfway House 29 — Hospital 36 — Therapeutic Camp 37 — Psychiatric Unit of a Hospital 38 — Psychiatric Hospital 39 — Foster Family Home—Primary Medical Needs 40 — Foster Group Home—Primary Medical Needs	05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays
33 — Adoptive Home/Former Foster Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays	16 — Public Child Caring Institution 18 — Public Institution for Mentally Retarded 20 — Public Institution for Emotionally Disturbed 24 — Texas Youth Council Facility 25 — Other Juvenile Detention Facility 26 — Jails and Prisons	05 — Free 06 — Client Pays 07 — County Paid Foster Care 13 — Other Pays
04 — Adoptive Home 34 — Adoptive Home/Relative Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 06 — Client Pays 13 — Other Pays	30 — Nursing Home 41 — Residential Substance Abuse Treatment	05 — Free 06 — Client Pays 13 — Other Pays
05 — PRS Foster Home 06 — Other Foster Home 07 — PRS Foster Group Home 08 — Other Foster Group Home 09 — Emergency Shelter Foster Home 10 — Emergency Shelter Foster Group Home 11 — Foster Home for Emotionally Disturbed 12 — Foster Group Home for Emotionally Disturbed 13 — Foster Home for Mentally Retarded 14 — Foster Group Home for Mentally Retarded 15 — Emergency Shelter Institution	05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 12 — CWF Group Home or Emergency Shelter 13 — Other Pays		

The following items must be completed for your document to process. Check other items also to be sure you have updated all necessary items.

ACTION CODE	Form 2001-A		Form 2001-B	
	PRIMARY WORKER	COURTESY WORKER	PRIMARY WORKER	COURTESY WORKER
INITIATE TRACKING	All items must be completed. Legal status must be 01—05.	Items 1—12 must be completed.	All client-related items that are not pre-printed must be completed. Legal status must be 01—05.	Items 5, 6, 8, and 9 must be completed
UPDATE TRACKING	All items must be completed.	Items 1—12 and 39 (if a BJN transfer is necessary) must be completed.	Items 5, 8, 9, and any items that need to be added or updated must be completed.	Items 5, 8, 9, and 39 (if a BJN transfer is necessary) must be completed.
TERMINATE TRACKING	All items must be completed. Legal status must be 06—09 and legal status date must be updated.	Do not use this action code.	Items 5, 8, 9, and any items that need to be added or updated must be completed. Legal status must be 06—09 and legal status date must be updated.	Do not use this action code.
CLOSE TRACKING	All items must be completed. Legal status must be 06—09 and legal status date must be updated.	Items 1—12 must be completed.	Items 5, 8, 9, and any items that need to be added or updated must be completed. Legal status must be 06—09 and legal status date must be updated.	Items 5, 8, and 9 must be completed.

Form 2001-A/B—Codes

FOSTER CARE, ADOPTION AND CONSERVATORSHIP  
TRACKING SYSTEM (FACTS)-Turnaround Document

## WORKER INFORMATION

1. Worker Name (Last) (First)		MCGUIRE SANDRA	
2. Emp. No.	3. BJN	4. Mail Code	5. Today's Date
6451	03154C02	1286	
6. Worker Responsibility			
<input checked="" type="checkbox"/> 1-Primary Responsibility		<input type="checkbox"/> 2-Courtesy Supervision	

6 WORKER MAIL CODE 128-6  
SHIRLEY DOMINY  
BJN 03102C04  
FT. WORTH

1

## CLIENT INFORMATION

## PROCESS DATE

7. Client No.	06-12-96	8. Action Code	9. Effective Date
508092037	ACTIVE	<input type="checkbox"/> 1-Initiate <input type="checkbox"/> 1-Tracking <input type="checkbox"/> 2-Update <input type="checkbox"/> 3-Tracking <input type="checkbox"/> 4-Close <input type="checkbox"/> Terminate	06-05-96
10. Client Name (Last) (First) (MI)	11. Social Security No.	12. Date of Birth	
SAENZ SOLIZ MARK A	452872368	01-27-82	
13. Ethnic Group			14. Sex
<input type="checkbox"/> 1-Anglo <input type="checkbox"/> 2-Black <input checked="" type="checkbox"/> 3-Hispanic <input type="checkbox"/> 4-American Indian <input type="checkbox"/> 5-Oriental <input type="checkbox"/> 6-Other			<input type="checkbox"/> 1-Female <input checked="" type="checkbox"/> 2-Male
15. CLIENT CHARACTERISTICS-Check all that apply (enter an * to delete a characteristic)			
<input type="checkbox"/> 02-Blind	<input type="checkbox"/> 05-Mentally Retarded	<input type="checkbox"/> 08-Refugee/Entrant	<input type="checkbox"/> 11-Medically Fragile
<input type="checkbox"/> 03-Deaf	<input checked="" type="checkbox"/> 06-Emotionally Disturbed	<input type="checkbox"/> 09-Migrant	
<input type="checkbox"/> 04-Physically Handicapped	<input type="checkbox"/> 07-Sibling Group	<input type="checkbox"/> 10-None	
			15.a. Certification Worker BJN

2

16. Family Identifier Name (enter last name first)		17. Family ID Client No. (must be registered on SSMS)	
SOLIZ DONNA		508092036	
18. CLIENT TYPE		19. ELIGIBILITY STATUS	
<input checked="" type="checkbox"/> 31-Abuse/Neglect	Non-adjudicated	<input type="checkbox"/> 01-SSI	MAO
<input type="checkbox"/> 32-Abuse	37-CHINS	<input type="checkbox"/> 02-AFDC Rec.	09-Foster Care
<input type="checkbox"/> 33-Neglect	Adjudicated Delinquent-	<input type="checkbox"/> 03-MAO	State Paid
<input type="checkbox"/> 34-Truant	38-Court Ordered	<input type="checkbox"/> 04-Inc. Ellg.	10-Foster Care
<input type="checkbox"/> 35-Runaway	Protective Placement	<input type="checkbox"/> Without	AFDC/MAO/SPFC
<input type="checkbox"/> Adj. CHINS-	42-(Non-Abuse/Neglect)	<input type="checkbox"/> 05-Regard	11-App. Pending
<input type="checkbox"/> 36-Court Ordered	Interstate Compact for	<input type="checkbox"/> AFDC	14-Cat. 5 R/E
	43-Placement of Children.	<input type="checkbox"/> 08-Fost. Care	<input checked="" type="checkbox"/> 16-EA/T-XIX
	44-Post-Adoption		
		Certification/ 20. Eligibility Date	
		11-27-95	
		20.a. Denial Date	
		20.b. LOC	
		04	
		Billing	
		20.c. LOC	
		04	
		21. Review Date	
		11-27-96	
		22. Priority	
		1	

## LEGAL INFORMATION

23. STATUS-Initiate/Update		24. Legal Status Date		25. County		26. PERMANENCY GOAL		27. ARE/ OTHER EXCHANGE	
<input checked="" type="checkbox"/> 01-Parental Rights Not Term.	Adoption	11-28-95		220		<input checked="" type="checkbox"/> 01-Preservation		<input checked="" type="checkbox"/> 1-NA	
<input type="checkbox"/> 02-Parental Rights Term.	06-Complete					<input type="checkbox"/> 02-Reunification		<input type="checkbox"/> 2-ARE	
<input type="checkbox"/> 03-Relinquishment	Child					<input type="checkbox"/> 03-with Relative		<input type="checkbox"/> ARE & Other	
<input type="checkbox"/> 04-Agreement	07-Emanipated					<input type="checkbox"/> Adoption by		<input type="checkbox"/> 3-Exchange	
<input type="checkbox"/> 05-PRS Responsibility	08-Died					<input type="checkbox"/> 04-Non-Relative		<input type="checkbox"/> 4-No	
	09-Terminated					<input type="checkbox"/> Trans. Conserv.			
						<input type="checkbox"/> 05-to Caregiver			
						<input type="checkbox"/> 10-Adult Living			

## PLACEMENT INFORMATION-Do not enter Item 28 (Line) except on corrections.

28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
3	01 02-17-94	21	13	255282	BUCKNER BAPTIST CHILD
34. Residence Street Address					
5200 S BUCKNER BLVD					
35. City					
DALLAS					
36. St.					
TX					
37. ZIP					
75227					
38. County					
057					
28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
4	02 11-27-95	21	10	255282	BUCKNER BAPTIST CHILD
34. Residence Street Address					
5200 S BUCKNER BLVD					
35. City					
DALLAS					
36. St.					
TX					
37. ZIP					
75227					
38. County					
057					
28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
5	03 06-05-96	17	10	006190	BUCKNER BAPTIST CHILD
34. Residence Street Address					
5200 S BUCKNER BLVD					
35. City					
DALLAS					
36. St.					
TX					
37. ZIP					
75227					
38. County					
057					

39. CORRECT/TRANSFER  
TO THIS BJN

40. FOR S.O. USE

41

6

MEDICAID CARD ADDRESS if different from current placement		
42. NAME-Last	First	MI
43. STREET		
44. CITY	45.	46. ZIP
	TX	

**FOSTER CARE, ADOPTION AND CONSERVATORSHIP TRACKING SYSTEM (FACTS)**  
**(Items 30 and 31—Corresponding Codes)**

ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED	ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED
01 — Own Home 02 — Relative's Home 03 — Independent Living Arrangement 31 — Unauthorized Absence 32 — Other	01 — Not Applicable	17 — Private Child Caring Institution 19 — Private Institution for Mentally Retarded 21 — Private Institution for Emotionally Disturbed 22 — Public/Private Institution for Physically Handicapped 23 — Public/Private Institution for Blind/Deaf 27 — Maternity Home 28 — Halfway House 29 — Hospital 36 — Therapeutic Camp 37 — Psychiatric Unit of a Hospital 38 — Psychiatric Hospital 39 — Foster Family Home—Primary Medical Needs 40 — Foster Group Home—Primary Medical Needs	05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays
33 — Adoptive Home/Former Foster Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 08 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays	16 — Public Child Caring Institution 18 — Public Institution for Mentally Retarded 20 — Public Institution for Emotionally Disturbed	05 — Free 06 — Client Pays 07 — County Paid Foster Care 13 — Other Pays
04 — Adoptive Home 34 — Adoptive Home/Relative Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 08 — Client Pays 13 — Other Pays	24 — Texas Youth Council Facility 25 — Other Juvenile Detention Facility 26 — Jails and Prisons	05 — Free 13 — Other Pays
05 — PRS Foster Home 06 — Other Foster Home 07 — PRS Foster Group Home 08 — Other Foster Group Home 09 — Emergency Shelter Foster Home 10 — Emergency Shelter Foster Group Home 11 — Foster Home for Emotionally Disturbed 12 — Foster Group Home for Emotionally Disturbed 13 — Foster Home for Mentally Retarded 14 — Foster Group Home for Mentally Retarded 15 — Emergency Shelter Institution	05 — Free 08 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 12 — CWF Group Home or Emergency Shelter 13 — Other Pays	30 — Nursing Home 41 — Residential Substance Abuse Treatment	06 — Client Pays 13 — Other Pays 13 — Other Pays

The following items must be completed for your document to process. Check other items also to be sure you have updated all necessary items.

ACTION CODE	Form 2001-A		Form 2001-B	
	PRIMARY WORKER	COURTESY WORKER	PRIMARY WORKER	COURTESY WORKER
INITIATE TRACKING	All items must be completed. Legal status must be 01—05.	Items 1—12 must be completed.	All client-related items that are not pre-printed must be completed. Legal status must be 01—05.	Items 5, 6, 8, and 9 must be completed
UPDATE TRACKING	All items must be completed.	Items 1—12 and 39 (if a BJN transfer is necessary) must be completed.	Items 5, 8, 9, and any items that need to be added or updated must be completed.	Items 5, 8, 9, and 39 (if a BJN transfer is necessary) must be completed.
TERMINATE TRACKING	All items must be completed. Legal status must be 06—09 and legal status date must be updated.	Do not use this action code.	Items 5, 8, 9, and any items that need to be added or updated must be completed. Legal status must be 06—09 and legal status date must be updated.	Do not use this action code.
CLOSE TRATION	All items must be completed. Legal status must be 06—09 and legal status date must be updated.	Items 1—12 must be completed.	Items 5, 8, 9, and any items that need to be added or updated must be completed. Legal status must be 06—09 and legal status date must be updated.	Items 5, 8, and 9 must be completed.

FOSTER CARE, ADOPTION AND CONSERVATORSHIP  
TRACKING SYSTEM (FACTS)-Turnaround Document

6

WORKER MAIL CODE 128-6  
SHIRLEY DOMINY  
BJN 03102C04  
FT WORTH

1

## WORKER INFORMATION

1. Worker Name (Last) (First)	
MCGUIRE	SANDRA
2. Emp. No.	3. BJN
6451	03154C02
4. Mail Code	5. Today's Date
1286	
6. Worker Responsibility	
<input checked="" type="checkbox"/> 1-Primary Responsibility	<input type="checkbox"/> 2-Courtesy Supervision

## CLIENT INFORMATION

## PROCESS DATE

7. Client No.	05-10-96	8. Action Code	9. Effective Date
508092037	ACTIVE	<input type="checkbox"/> Initiate <input type="checkbox"/> 1-Tracking <input type="checkbox"/> 2-Update <input type="checkbox"/> 3-Tracking <input type="checkbox"/> 4-Close <input type="checkbox"/> Terminate	11-27-95
10. Client Name (Last) (First) (MI)	11. Social Security No.	12. Date of Birth	
SAENZ S D L I Z MARK A	452872368	01-27-82	
13. Ethnic Group			14. Sex
<input type="checkbox"/> 1-Anglo <input type="checkbox"/> 2-Black <input checked="" type="checkbox"/> 3-Hispanic <input type="checkbox"/> 4-American Indian <input type="checkbox"/> 5-Oriental <input type="checkbox"/> 6-Other			<input type="checkbox"/> 1-Female <input checked="" type="checkbox"/> 2-Male

## 15. CLIENT CHARACTERISTICS-Check all that apply (enter an \* to delete a characteristic)

02-Blind	05-Mentally Retarded	08-Refugee/Entrant	11-Medically Fragile	15.a. Certification Worker BJN
03-Deaf	<input checked="" type="checkbox"/> 06-Emotionally Disturbed	09-Migrant		
04-Physically Handicapped	07-Sibling Group	10-None		

2

16. Family Identifier Name (enter last name first) 17. Family ID Client No. (must be registered on SSMS)

SOE I Z DONNA 508092036

## 18. CLIENT TYPE

## 19. ELIGIBILITY STATUS

## Certification/

## 20. Eligibility Date

## 20.a. Denial Date

## 20.b. LOC

<input checked="" type="checkbox"/> 31-Abuse/Neglect	Non-adjudicated	01-SSI	MAO			
32-Abuse	37-CHINS	02-AFDC Rec.	09-Foster Care			
33-Neglect	Adjudicated Delinquent-	03-MAO	State Paid			
34-Truant	38-Court Ordered	04-Inc. Elig.	10-Foster Care			
35-Runaway	Protective Placement	Without	AFDC/MAO/SPFC			
Adj. CHINS-	42-(Non-Abuse/Neglect)	05-Regard	11-App. Pending			
36-Court Ordered	Interstate Compact for	AFDC	14-Cat. 5 R/E			
	43-Placement of Children.	08-Fost. Care				
	44-Post-Adoption					

11-27-95 04 11-27-96 1

## LEGAL INFORMATION

23. STATUS-Initiate/Update	Terminate/Close	24. Legal Status Date	25. County	26. PERMANENCY GOAL	27. ARE/ OTHER EXCHANGE
<input checked="" type="checkbox"/> 01-Parental Rights Not Term.	Adoption	11-28-95	220	Family	<input checked="" type="checkbox"/> 1-NA
02-Parental Rights Term.	06-Complete			01-Preservation	
Voluntary	Child			Family	2-ARE
03-Relinquishment	07-Emanicipated			02-Reunification	
Voluntary Placement	Child			Perm. Placement	ARE & Other
04-Agreement	08-Died			03-with Relative	3-Exchange
Other Legal Basis for	PRS Respons.			Adoption by	4-No
05-PRS Responsibility	09-Terminated			04-Non-Relative	
				Trans. Conserv.	
				05-to Caregiver	
				10-Adult Living	

## PLACEMENT INFORMATION-Do not enter Item 28 (Line) except on corrections.

3	28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
	01	02-17-94	21	13	255282	BUCKNER BAPTIST CHILD
	34. Residence Street Address					
	5200 S. BUCKNER BLVD					
	35. City					
	DALLAS					
	36. St.					
	TX					
	37. ZIP					
	75227					
	38. County					
	057					
4	28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
	02	11-27-95	21	10	255282	BUCKNER BAPTIST CHILD
	34. Residence Street Address					
	5200 S. BUCKNER BLVD					
	35. City					
	DALLAS					
	36. St.					
	TX					
	37. ZIP					
	75227					
	38. County					
	057					
5	28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
	34. Residence Street Address					
	35. City					
	36. St.					
	37. ZIP					
	38. County					

## MEDICAID CARD ADDRESS if different from current placement

42. NAME-LAST	FIRST	MI
43. STREET		
44. CITY	45.	46. ZIP
	TX	

39. CORRECT/TRANSFER  
TO THIS BJN

## 40. FOR S.O. USE

41.

6			
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**FOSTER CARE, ADOPTION AND CONSERVATORSHIP TRACKING SYSTEM (FACTS)**  
**(Items 30 and 31—Corresponding Codes)**

ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED	ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED
01 — Own Home 02 — Relative's Home 03 — Independent Living Arrangement 31 — Unauthorized Absence 32 — Other	01 — Not Applicable	17 — Private Child Caring Institution 19 — Private Institution for Mentally Retarded 21 — Private Institution for Emotionally Disturbed 22 — Public/Private Institution for Physically Handicapped 23 — Public/Private Institution for Blind/Deaf 27 — Maternity Home 28 — Halfway House 29 — Hospital 36 — Therapeutic Camp 37 — Psychiatric Unit of a Hospital 38 — Psychiatric Hospital 39 — Foster Family Home—Primary Medical Needs 40 — Foster Group Home—Primary Medical Needs	05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays
33 — Adoptive Home/Former Foster Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays	16 — Public Child Caring Institution 18 — Public Institution for Mentally Retarded 20 — Public Institution for Emotionally Disturbed	05 — Free 06 — Client Pays 07 — County Paid Foster Care 13 — Other Pays
04 — Adoptive Home 34 — Adoptive Home/Relative Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 06 — Client Pays 13 — Other Pays	24 — Texas Youth Council Facility 25 — Other Juvenile Detention Facility 26 — Jails and Prisons	05 — Free 13 — Other Pays
05 — PRS Foster Home 06 — Other Foster Home 07 — PRS Foster Group Home 08 — Other Foster Group Home Emergency Shelter Foster Home Emergency Shelter Foster Group Home 11 — Foster Home for Emotionally Disturbed 12 — Foster Group Home for Emotionally Disturbed 13 — Foster Home for Mentally Retarded 14 — Foster Group Home for Mentally Retarded 15 — Emergency Shelter Institution	05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 12 — CWF Group Home or Emergency Shelter 13 — Other Pays	30 — Nursing Home 41 — Residential Substance Abuse Treatment	06 — Client Pays 13 — Other Pays 13 — Other Pays

The following items must be completed for your document to process. Check other items also to be sure you have updated all necessary items.

ACTION CODE	Form 2001-A		Form 2001-B	
	PRIMARY WORKER	COURTESY WORKER	PRIMARY WORKER	COURTESY WORKER
INITIATE TRACKING	All items must be completed. Legal status must be 01—05.	Items 1—12 must be completed.	All client-related items that are not pre-printed must be completed. Legal status must be 01—05.	Items 5, 6, 8, and 9 must be completed
UPDATE TRACKING	All items must be completed.	Items 1—12 and 39 (if a BJN transfer is necessary) must be completed.	Items 5, 6, 9, and any items that need to be added or updated must be completed.	Items 5, 6, 9, and 39 (if a BJN transfer is necessary) must be completed.
TERMINATE TRACKING	All items must be completed. Legal status must be 06—09 and legal status date must be updated.	Do not use this action code.	Items 5, 6, 9, and any items that need to be added or updated must be completed. Legal status must be 06—09 and legal status date must be updated.	Do not use this action code.
CLOSE ISTRATION	All items must be completed. Legal status must be 06—09 and legal status date must be updated.	Items 1—12 must be completed.	Items 5, 6, 9, and any items that need to be added or updated must be completed. Legal status must be 06—09 and legal status date must be updated.	Items 5, 6, and 9 must be completed.

Form 2001-A/B—Codes

# TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES FOSTER CARE, ADOPTION AND CONSERVATORSHIP TRACKING SYSTEM (FACTS)-Turnaround Document

6 WORKER MAIL CODE 128-6  
SHIRLEY DOMINY  
BJN 03102C04  
FT. WORTH

## WORKER INFORMATION

1. Worker Name (Last) (First)		MCGUIRE SANDRA	
2. Emp. No.	3. BJN	4. Mail Code	5. Today's Date
6451	03154C02	1286	
6. Worker Responsibility			
<input checked="" type="checkbox"/> 1-Primary Responsibility		<input type="checkbox"/> 2-Courtesy Supervision	

## CLIENT INFORMATION

## PROCESS DATE

7. Client No.	04-19-96	8. Action Code	9. Effective Date
508092037	ACTIVE	<input type="checkbox"/> Initiate <input type="checkbox"/> 1-Tracking <input type="checkbox"/> 2-Update <input type="checkbox"/> Terminate <input type="checkbox"/> 3-Tracking <input type="checkbox"/> 4-Close	11-27-95
10. Client Name (Last) (First) (MI)	11. Social Security No.	12. Date of Birth	
SAENZSOLIZ MARK A	452872368	01-27-82	
13. Ethnic Group			14. Sex
<input type="checkbox"/> 1-Anglo <input type="checkbox"/> 2-Black <input checked="" type="checkbox"/> 3-Hispanic <input type="checkbox"/> 4-American Indian <input type="checkbox"/> 5-Oriental <input type="checkbox"/> 6-Other			<input type="checkbox"/> 1-Female <input checked="" type="checkbox"/> 2-Male
15. CLIENT CHARACTERISTICS-Check all that apply (enter an * to delete a characteristic)			
<input type="checkbox"/> 02-Blind	<input type="checkbox"/> 05-Mentally Retarded	<input type="checkbox"/> 08-Refugee/Entrant	<input type="checkbox"/> 11-Medically Fragile
<input type="checkbox"/> 03-Deaf	<input checked="" type="checkbox"/> 06-Emotionally Disturbed	<input type="checkbox"/> 09-Migrant	
<input type="checkbox"/> 04-Physically Handicapped	<input type="checkbox"/> 07-Sibling Group	<input type="checkbox"/> 10-None	
15.a. Certification Worker BJN			

2	16. Family Identifier Name (enter last name first)	17. Family ID Client No. (must be registered on SSMS)
	SOLIZ DONNA	508092036
18. CLIENT TYPE		
<input checked="" type="checkbox"/> 31-Abuse/Neglect	Non-adjudicated	37-CHINS
<input type="checkbox"/> 32-Abuse	Adjudicated Delinquent	38-Court Ordered
<input type="checkbox"/> 33-Neglect	Protective Placement	42-(Non-Abuse/Neglect)
<input type="checkbox"/> 34-Truant	Interstate Compact for	43-Placement of Children.
<input type="checkbox"/> 35-Runaway	44-Post-Adoption	
<input type="checkbox"/> Adj. CHINS-		
<input type="checkbox"/> 36-Court Ordered		
19. ELIGIBILITY STATUS		
<input type="checkbox"/> 01-SSI	MAO	
<input type="checkbox"/> 02-AFDC Rec.	09-Foster Care	
<input type="checkbox"/> 03-MAO	State Paid	
<input type="checkbox"/> 04-Inc. Elig.	10-Foster Care	
<input type="checkbox"/> Without	AFDC/MAO/SPFC	
<input type="checkbox"/> 05-Regard	11-App. Pending	
<input type="checkbox"/> AFDC	14-Cat. 5 R/E	
<input type="checkbox"/> 08-Fost. Care		
20. Certification/Eligibility Date		
11-27-95		
20.a. Denial Date		
04		
20.b. LOC		
04		
21. Review Date		
11-27-96		
22. Priority		
1		

## LEGAL INFORMATION

23. STATUS-Initiate/Update		Terminate/Close		24. Legal Status Date		25. County		26. PERMANENCY GOAL		27. ARE/ OTHER EXCHANGE	
<input checked="" type="checkbox"/> 01-Parental Rights Not Term.	Adoption	06-Complete		11-28-95	220	<input checked="" type="checkbox"/> 01-Preservation	LTC Severe	<input checked="" type="checkbox"/> 1-NA			
<input type="checkbox"/> 02-Parental Rights Term.	Child	07-Emancipated				<input checked="" type="checkbox"/> 02-Reunification	06-Disabilities	2-ARE			
<input type="checkbox"/> 03-Relinquishment	Child	08-Died				<input type="checkbox"/> 03-with Relative	07-Commitment	ARE & Other			
<input type="checkbox"/> 04-Agreement	PRS Respons.	09-Terminated				<input type="checkbox"/> Adoption by	08-Commitment	3-Exchange			
<input type="checkbox"/> Other Legal Basis for						<input type="checkbox"/> 04-Non-Relative	09-Term Care	4-No			
<input type="checkbox"/> 05-PRS Responsibility						<input type="checkbox"/> Trans. Conserv.	10-Adult Living				
						<input type="checkbox"/> 05-to Caregiver					

## PLACEMENT INFORMATION-Do not enter Item 28 (Line) except on corrections.

3	28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
	01	02-17-94	21	13	255282	BUCKNER BAPTIST CHILD
34. Residence Street Address						
5200 S BUCKNER BLVD DALLAS TX 75227 057						
4	28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
	02	11-27-95	21	10	255282	BUCKNER BAPTIST CHILD
34. Residence Street Address						
5200 S BUCKNER BLVD DALLAS TX 75227 057						
5	28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
34. Residence Street Address						

## MEDICAID CARD ADDRESS if different from current placement

42. NAME-Last	First	MI
43. STREET		
44. CITY	45. TX	46. ZIP

39. CORRECT/TRANSFER TO THIS BJN

40. FOR S.O. USE

41.

**FOSTER CARE, ADOPTION AND CONSERVATORSHIP TRACKING SYSTEM (FACTS)**  
**(Items 30 and 31—Corresponding Codes)**

EM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED	ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED
01 — Own Home 02 — Relative's Home 03 — Independent Living Arrangement 31 — Unauthorized Absence 32 — Other	01 — Not Applicable	17 — Private Child Caring Institution 19 — Private Institution for Mentally Retarded 21 — Private Institution for Emotionally Disturbed 22 — Public/Private Institution for Physically Handicapped 23 — Public/Private Institution for Blind/Deaf 27 — Maternity Home 28 — Halfway House 29 — Hospital 36 — Therapeutic Camp 37 — Psychiatric Unit of a Hospital 38 — Psychiatric Hospital 39 — Foster Family Home—Primary Medical Needs 40 — Foster Group Home—Primary Medical Needs	05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays
33 — Adoptive Home/Former Foster Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays	16 — Public Child Caring Institution 18 — Public Institution for Mentally Retarded 20 — Public Institution for Emotionally Disturbed	05 — Free 06 — Client Pays 07 — County Paid Foster Care 13 — Other Pays
04 — Adoptive Home 34 — Adoptive Home/Relative Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 06 — Client Pays 13 — Other Pays	24 — Texas Youth Council Facility 25 — Other Juvenile Detention Facility 26 — Jails and Prisons	05 — Free 13 — Other Pays
05 — PRS Foster Home 06 — Other Foster Home 07 — PRS Foster Group Home 08 — Other Foster Group Home 09 — Emergency Shelter Foster Home Emergency Shelter Foster Group Home Foster Home for Emotionally Disturbed 12 — Foster Group Home for Emotionally Disturbed 13 — Foster Home for Mentally Retarded 14 — Foster Group Home for Mentally Retarded 15 — Emergency Shelter Institution	05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 12 — CWF Group Home or Emergency Shelter 13 — Other Pays	30 — Nursing Home 41 — Residential Substance Abuse Treatment	06 — Client Pays 13 — Other Pays 13 — Other Pays

The following items must be completed for your document to process. Check other items also to be sure you have updated all necessary items.

ACTION CODE	Form 2001-A		Form 2001-B	
	PRIMARY WORKER	COURTESY WORKER	PRIMARY WORKER	COURTESY WORKER
INITIATE TRACKING	All items must be completed. Legal status must be 01–05.	Items 1–12 must be completed.	All client-related items that are not pre-printed must be completed. Legal status must be 01–05.	Items 5, 6, 8, and 9 must be completed
UPDATE TRACKING	All items must be completed.	Items 1–12 and 39 (if a BJN transfer is necessary) must be completed.	Items 5, 8, 9, and any items that need to be added or updated must be completed.	Items 5, 8, 9, and 39 (if a BJN transfer is necessary) must be completed.
TERMINATE TRACKING	All items must be completed. Legal status must be 06–09 and legal status date must be updated.	Do not use this action code.	Items 5, 8, 9, and any items that need to be added or updated must be completed. Legal status must be 06–09 and legal status date must be updated.	Do not use this action code.
CLOSE TRACKING	All items must be completed. Legal status must be 06–09 and legal status date must be updated.	Items 1–12 must be completed.	Items 5, 8, 9, and any items that need to be added or updated must be completed. Legal status must be 06–09 and legal status date must be updated.	Items 5, 8, and 9 must be completed.

Form 2001-A/B—Codes

6 WORKER MAIL CODE 128-6  
SHIRLEY DOMINY  
BJN 03102C04  
FT. WORTH

FOSTER CARE, ADOPTION AND CONSERVATORSHIP  
TRACKING SYSTEM (FACTS)-Turnaround Document

## WORKER INFORMATION

1. Worker Name (Last) (First)	
MCGUIRE SANDRA	
2. Emp. No.	3. BJN
6451	03154C02
4. Mail Code	5. Today's Date
1286	
6. Worker Responsibility	
<input checked="" type="checkbox"/> 1-Primary Responsibility	<input type="checkbox"/> 2-Courtesy Supervision

## CLIENT INFORMATION

## PROCESS DATE

7. Client No.	04-09-96	8. Action Code	9. Effective Date
508092037	ACTIVE	<input type="checkbox"/> Initiate <input type="checkbox"/> 1-Tracking <input type="checkbox"/> 2-Update <input type="checkbox"/> Terminate <input type="checkbox"/> 3-Tracking <input type="checkbox"/> 4-Close	11-27-95
10. Client Name (Last) (First) (MI)	11. Social Security No.	12. Date of Birth	
SAENZ SOLIZ MARK A	452872368	01-27-82	
13. Ethnic Group	14. Sex		
<input type="checkbox"/> 1-Anglo <input type="checkbox"/> 2-Black <input checked="" type="checkbox"/> 3-Hispanic <input type="checkbox"/> 4-American Indian <input type="checkbox"/> 5-Oriental <input type="checkbox"/> 6-Other	<input type="checkbox"/> 1-Female <input checked="" type="checkbox"/> 2-Male		

## 15. CLIENT CHARACTERISTICS-Check all that apply (enter an \* to delete a characteristic)

<input type="checkbox"/> 02-Blind	<input type="checkbox"/> 05-Mentally Retarded	<input type="checkbox"/> 08-Refugee/Entrant	<input type="checkbox"/> 11-Medically Fragile	15.a. Certification Worker BJN
<input type="checkbox"/> 03-Deaf	<input checked="" type="checkbox"/> 06-Emotionally Disturbed	<input type="checkbox"/> 09-Migrant		
<input type="checkbox"/> 04-Physically Handicapped	<input type="checkbox"/> 07-Sibling Group	<input type="checkbox"/> 10-None		

2 16. Family Identifier Name (enter last name first) 17. Family ID Client No. (must be registered on SSMS)  
SOLIZ DONNA 508092036

18. CLIENT TYPE	19. ELIGIBILITY STATUS	Certification/ 20. Eligibility Date	20.a. Denial Date	20.b. LOC	20.c. LOC	21. Review Date	22. Priority
<input checked="" type="checkbox"/> 31-Abuse/Neglect 32-Abuse 33-Neglect 34-Truant 35-Runaway Adj. CHINS- 36-Court Ordered	Non-adjudicated 37-CHINS Adjudicated Delinquent- 38-Court Ordered Protective Placement 42-(Non-Abuse/Neglect) Interstate Compact for 43-Placement of Children. 44-Post-Adoption	01-SSI 02-AFDC Rec. 03-MAO 04-Inc. Elig. Without 05-Regard AFDC 08-Fost. Care	MAO 09-Foster Care State Paid 10-Foster Care AFDC/MAO/SPFC 11-App. Pending 14-Cat. 5 R/E	11-27-95	04	11-27-96	1

## LEGAL INFORMATION

23. STATUS-Initiate/Update	24. Legal Status Date	25. County	26. PERMANENCY GOAL	27. ARE/ OTHER EXCHANGE
<input checked="" type="checkbox"/> Man. Conservatorship/ 01-Parental Rights Not Term. Man. Conservatorship/ 02-Parental Rights Term. Voluntary 03-Relinquishment Voluntary Placement 04-Agreement Other Legal Basis for 05-PRS Responsibility	11-28-95	220	<input checked="" type="checkbox"/> 01-Preservation Family 02-Reunification Perm. Placement 03-with Relative Adoption by 04-Non-Relative Trans. Conserv. 05-to Caregiver	<input checked="" type="checkbox"/> 1-NA 2-ARE ARE & Other 3-Exchange 4-No

## PLACEMENT INFORMATION-Do not enter item 28 (Line) except on corrections.

3	28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
	01	02-17-94	21	13	255282	BUCKNER BAPTIST CHILD
34. Residence Street Address						
5200 S BUCKNER BLVD						
35. City						
DALLAS						
36. St.						
TX						
37. ZIP						
75227						
38. County						
057						
4	28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
	02	11-27-95	21	10	255282	BUCKNER BAPTIST CHILD
34. Residence Street Address						
5200 S BUCKNER BLVD						
35. City						
DALLAS						
36. St.						
TX						
37. ZIP						
75227						
38. County						
057						
5	28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
34. Residence Street Address						
35. City						
36. St.						
37. ZIP						
38. County						

39. CORRECT/TRANSFER  
TO THIS BJN

40. FOR S.O. USE

41.

## MEDICAID CARD ADDRESS if different from current placement

42. NAME-LAST	FIRST	MI
43. STREET		
44. CITY		
45. TX		
46. ZIP		



**FOSTER CARE, ADOPTION AND CONSERVATORSHIP TRACKING SYSTEM (FACTS)**  
**(Items 30 and 31—Corresponding Codes)**

ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED	ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED
01 — Own Home 02 — Relative's Home 03 — Independent Living Arrangement 31 — Unauthorized Absence 32 — Other	01 — Not Applicable	17 — Private Child Caring Institution 19 — Private Institution for Mentally Retarded 21 — Private Institution for Emotionally Disturbed 22 — Public/Private Institution for Physically Handicapped 23 — Public/Private Institution for Blind/Deaf 27 — Maternity Home 28 — Halfway House 29 — Hospital 36 — Therapeutic Camp 37 — Psychiatric Unit of a Hospital 38 — Psychiatric Hospital 39 — Foster Family Home—Primary Medical Needs 40 — Foster Group Home—Primary Medical Needs	05 — Free 08 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays
33 — Adoptive Home/Former Foster Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays	16 — Public Child Caring Institution 18 — Public Institution for Mentally Retarded 20 — Public Institution for Emotionally Disturbed 24 — Texas Youth Council Facility 25 — Other Juvenile Detention Facility 26 — Jails and Prisons	05 — Free 08 — Client Pays 07 — County Paid Foster Care 13 — Other Pays 05 — Free 13 — Other Pays
04 — Adoptive Home 34 — Adoptive Home/Relative Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 06 — Client Pays 13 — Other Pays	30 — Nursing Home 41 — Residential Substance Abuse Treatment	08 — Client Pays 13 — Other Pays 13 — Other Pays
05 — PRS Foster Home 06 — Other Foster Home 07 — PRS Foster Group Home 08 — Other Foster Group Home 09 — Emergency Shelter Foster Home 10 — Emergency Shelter Foster Group Home 11 — Foster Home for Emotionally Disturbed 12 — Foster Group Home for Emotionally Disturbed 13 — Foster Home for Mentally Retarded 14 — Foster Group Home for Mentally Retarded 15 — Emergency Shelter Institution	05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 12 — CWF Group Home or Emergency Shelter 13 — Other Pays		

The following items must be completed for your document to process. Check other items also to be sure you have updated all necessary items.

ACTION CODE	Form 2001-A		Form 2001-B	
	PRIMARY WORKER	COURTESY WORKER	PRIMARY WORKER	COURTESY WORKER
INITIATE TRACKING	All items must be completed. Legal status must be 01—05.	Items 1—12 must be completed.	All client-related items that are not pre-printed must be completed. Legal status must be 01—05.	Items 5, 6, 8, and 9 must be completed
UPDATE TRACKING	All items must be completed.	Items 1—12 and 39 (if a BJN transfer is necessary) must be completed.	Items 5, 8, 9, and any items that need to be added or updated must be completed.	Items 5, 8, 9, and 39 (if a BJN transfer is necessary) must be completed.
TERMINATE TRACKING	All items must be completed. Legal status must be 06—09 and legal status date must be updated.	Do not use this action code.	Items 5, 8, 9, and any items that need to be added or updated must be completed. Legal status must be 06—09 and legal status date must be updated.	Do not use this action code.
CLOSE TRACKING	All items must be completed. Legal status must be 06—09 and legal status date must be updated.	Items 1—12 must be completed.	Items 5, 8, 9, and any items that need to be added or updated must be completed. Legal status must be 06—09 and legal status date must be updated.	Items 5, 8, and 9 must be completed.

Form 2001-A/B—Codes

FOSTER CARE, ADOPTION AND CONSERVATORSHIP  
TRACKING SYSTEM (FACTS)-Turnaround Document

6

WORKER MAIL CODE 128-6  
SHIRLEY DOMINY  
BJN 03102C04  
FT. WORTH

## WORKER INFORMATION

1. Worker Name (Last) (First) <b>HCGUIRE SANDRA</b>	
2. Emp. No. <b>6451</b>	3. BJN <b>03154C02</b>
4. Mail Code <b>1286</b>	5. Today's Date
6. Worker Responsibility <input checked="" type="checkbox"/> 1-Primary Responsibility <input type="checkbox"/> 2-Courtesy Supervision	

1

## CLIENT INFORMATION

## PROCESS DATE

7. Client No. <b>508092037</b>	8. Action Code <input type="checkbox"/> Initiate <input type="checkbox"/> 1-Tracking <input type="checkbox"/> 2-Update <input type="checkbox"/> Terminate <input type="checkbox"/> 3-Tracking <input type="checkbox"/> 4-Close	9. Effective Date <b>11-27-95</b>
10. Client Name (Last) (First) (MI) <b>SAENZ SOLIZ MARK A</b>	11. Social Security No. <b>452872368</b>	12. Date of Birth <b>01-27-82</b>
13. Ethnic Group <input type="checkbox"/> 1-Anglo <input type="checkbox"/> 2-Black <input checked="" type="checkbox"/> 3-Hispanic <input type="checkbox"/> 4-American Indian <input type="checkbox"/> 5-Oriental <input type="checkbox"/> 6-Other		14. Sex <input type="checkbox"/> 1-Female <input checked="" type="checkbox"/> 2-Male

## 15. CLIENT CHARACTERISTICS-Check all that apply (enter an \* to delete a characteristic)

<input type="checkbox"/> 02-Blind	<input type="checkbox"/> 05-Mentally Retarded	<input type="checkbox"/> 08-Refugee/Entrant	<input type="checkbox"/> 11-Medically Fragile
<input type="checkbox"/> 03-Deaf	<input checked="" type="checkbox"/> 06-Emotionally Disturbed	<input type="checkbox"/> 09-Migrant	
<input type="checkbox"/> 04-Physically Handicapped	<input type="checkbox"/> 07-Sibling Group	<input type="checkbox"/> 10-None	

2

16. Family Identifier Name (enter last name first)

**SOLIZ DONNA**

17. Family ID Client No. (must be registered on SSMS)

**508092036**

## 18. CLIENT TYPE

<input checked="" type="checkbox"/> 31-Abuse/Neglect	Non-adjudicated 37-CHINS
<input type="checkbox"/> 32-Abuse	Adjudicated Delinquent- 38-Court Ordered
<input type="checkbox"/> 33-Neglect	Protective Placement 42-(Non-Abuse/Neglect)
<input type="checkbox"/> 34-Truant	Interstate Compact for 43-Placement of Children.
<input type="checkbox"/> 35-Runaway	44-Post-Adoption
<input type="checkbox"/> Adj. CHINS- 36-Court Ordered	

## 19. ELIGIBILITY STATUS

<input type="checkbox"/> 01-SSI	MAO 09-Foster Care
<input type="checkbox"/> 02-AFDC Rec.	State Paid 10-Foster Care
<input type="checkbox"/> 03-MAO	AFDC/MAO/SPFC 11-App. Pending
<input type="checkbox"/> 04-Inc. Elig.	14-Cat. 5 R/E
<input type="checkbox"/> Without	
<input type="checkbox"/> 05-Regard	
<input type="checkbox"/> AFDC	
<input type="checkbox"/> 08-Fost. Care	<input checked="" type="checkbox"/> 16-EA/T-XIX

Certification/  
20. Eligibility Date**11-27-95**

20.a. Denial Date

20.b. LOC

**04**Billing  
20.c. LOC**01**

21. Review Date

**11-27-96**

22. Priority

**1**

## LEGAL INFORMATION

23. STATUS-Initiate/Update Terminate/Close		24. Legal Status Date	25. County
<input checked="" type="checkbox"/> 01-Parental Rights Not Term.	Adoption 06-Complete	<b>11-28-95</b>	<b>220</b>
<input type="checkbox"/> 02-Parental Rights Term.	Child 07-Emancipated	<b>STATE PAID FC(A)</b>	
<input type="checkbox"/> 03-Relinquishment	Child 08-Died	<b>OPEN - -</b>	
<input type="checkbox"/> 04-Agreement	PRS Respons. 09-Terminated	<b>CLOSE - -</b>	
<input type="checkbox"/> 05-PRS Responsibility			

## 26. PERMANENCY GOAL

Family 01-Preservation	LTC Severe 06-Disabilities
Family 02-Reunification	Fost. Care w/ 07-Commitment
Perm. Placement 03-with Relative	Fost. Care w/ 08-Commitment
Adoption by 04-Non-Relative	Other Long 09-Term Care
Trans. Conserv. 05-to Caregiver	10-Adult Living

## 27. ARE/ OTHER EXCHANGE

<input checked="" type="checkbox"/> 1-NA
2-ARE
ARE & Other 3-Exchange
4-No

## PLACEMENT INFORMATION-Do not enter Item 28 (Line) except on corrections.

28. Line <b>3</b>	29. Date Placed <b>02-17-94</b>	30. Liv. Arr. <b>21</b>	31. How Prov. <b>13</b>	32. Facility No. <b>255282</b>	33. Residence Name <b>BUCKNER BAPTIST CHILD</b>
34. Residence Street Address <b>5200 S BUCKNER BLVD</b>				35. City <b>DALLAS</b>	36. St. <b>TX</b>
37. ZIP <b>75227</b>				38. County <b>057</b>	
28. Line <b>4</b>	29. Date Placed <b>11-27-95</b>	30. Liv. Arr. <b>21</b>	31. How Prov. <b>10</b>	32. Facility No. <b>255282</b>	33. Residence Name <b>BUCKNER BAPTIST CHILD</b>
34. Residence Street Address <b>5200 S BUCKNER BLVD</b>				35. City <b>DALLAS</b>	36. St. <b>TX</b>
37. ZIP <b>75227</b>				38. County <b>057</b>	
28. Line <b>5</b>	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
34. Residence Street Address				35. City	36. St.
37. ZIP				38. County	

39. CORRECT/TRANSFER  
TO THIS BJN

40. FOR S.O. USE

41.

6

## MEDICAID CARD ADDRESS if different from current placement

42. NAME-LAST FIRST MI	
43. STREET	
44. CITY	45. TX 46. ZIP

**FOSTER CARE, ADOPTION AND CONSERVATORSHIP TRACKING SYSTEM (FACTS)**  
**(Items 30 and 31—Corresponding Codes)**

ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED	ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED
01 — Own Home 02 — Relative's Home 03 — Independent Living Arrangement 31 — Unauthorized Absence 32 — Other	01 — Not Applicable	17 — Private Child Caring Institution 19 — Private Institution for Mentally Retarded 21 — Private Institution for Emotionally Disturbed 22 — Public/Private Institution for Physically Handicapped 23 — Public/Private Institution for Blind/Deaf 27 — Maternity Home 28 — Halfway House 29 — Hospital 36 — Therapeutic Camp 37 — Psychiatric Unit of a Hospital 38 — Psychiatric Hospital 39 — Foster Family Home—Primary Medical Needs 40 — Foster Group Home—Primary Medical Needs	05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays
33 — Adoptive Home/Former Foster Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays	16 — Public Child Caring Institution 18 — Public Institution for Mentally Retarded 20 — Public Institution for Emotionally Disturbed	05 — Free 06 — Client Pays 07 — County Paid Foster Care 13 — Other Pays
04 — Adoptive Home 34 — Adoptive Home/Relative Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 06 — Client Pays 13 — Other Pays	24 — Texas Youth Council Facility 25 — Other Juvenile Detention Facility 26 — Jails and Prisons	05 — Free 13 — Other Pays
05 — PRS Foster Home 06 — Other Foster Home 07 — PRS Foster Group Home 08 — Other Foster Group Home Emergency Shelter Foster Home Emergency Shelter Foster Group Home 11 — Foster Home for Emotionally Disturbed 12 — Foster Group Home for Emotionally Disturbed 13 — Foster Home for Mentally Retarded 14 — Foster Group Home for Mentally Retarded 15 — Emergency Shelter Institution	05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 12 — CWEF Group Home or Emergency Shelter 13 — Other Pays	30 — Nursing Home  41 — Residential Substance Abuse Treatment	06 — Client Pays 13 — Other Pays  13 — Other Pays

The following items must be completed for your document to process. Check other items also to be sure you have updated all necessary items.

ACTION CODE	Form 2001-A		Form 2001-B	
	PRIMARY WORKER	COURTESY WORKER	PRIMARY WORKER	COURTESY WORKER
INITIATE TRACKING	All items must be completed. Legal status must be 01—05.	Items 1—12 must be completed.	All client-related items that are not pre-printed must be completed. Legal status must be 01—05.	Items 5, 6, 8, and 9 must be completed
UPDATE TRACKING	All items must be completed.	Items 1—12 and 39 (if a BJN transfer is necessary) must be completed.	Items 5, 8, 9, and any items that need to be added or updated must be completed.	Items 5, 8, 9, and 39 (if a BJN transfer is necessary) must be completed.
TERMINATE TRACKING	All items must be completed. Legal status must be 06—09 and legal status date must be updated.	Do not use this action code.	Items 5, 8, 9, and any items that need to be added or updated must be completed. Legal status must be 06—09 and legal status date must be updated.	Do not use this action code.
CLOSE TRACKING	All items must be completed. Legal status must be 06—09 and legal status date must be updated.	Items 1—12 must be completed.	Items 5, 8, 9, and any items that need to be added or updated must be completed. Legal status must be 06—09 and legal status date must be updated.	Items 5, 8, and 9 must be completed.

Form 2001-A/B—Codes

FOSTER CARE, ADOPTION AND CONSERVATORSHIP  
TRACKING SYSTEM (FACTS)-Turnaround Document

## WORKER INFORMATION

1. Worker Name (Last) <b>MCGUIRE</b>		(First) <b>SANDRA</b>	
2. Emp. No. <b>6451</b>	3. BJN <b>03154C02</b>	4. Mail Code <b>1286</b>	5. Today's Date
6. Worker Responsibility <input checked="" type="checkbox"/> 1-Primary Responsibility <input type="checkbox"/> 2-Courtesy Supervision			

6 WORKER MAIL CODE 128-6  
SHIRLEY DOMINY  
BJN 03102C04  
FT WORTH

1

## CLIENT INFORMATION

## PROCESS DATE

7. Client No. <b>508092037</b>		8. Action Code <input type="checkbox"/> 1-Tracking <input type="checkbox"/> 2-Update <input type="checkbox"/> 3-Tracking <input type="checkbox"/> 4-Close		9. Effective Date <b>11-27-95</b>	
10. Client Name (Last) <b>SAENZ SOLIZ</b>		(First) <b>MARK</b>		11. Social Security No. <b>452872368</b>	
13. Ethnic Group <input type="checkbox"/> 1-Anglo <input type="checkbox"/> 2-Black <input checked="" type="checkbox"/> 3-Hispanic <input type="checkbox"/> 4-American Indian <input type="checkbox"/> 5-Oriental <input type="checkbox"/> 6-Other		14. Sex <input type="checkbox"/> 1-Female <input checked="" type="checkbox"/> 2-Male			
15. CLIENT CHARACTERISTICS-Check all that apply (enter an * to delete a characteristic)					
02-Blind		05-Mentally Retarded		08-Refugee/Entrant	
03-Deaf		<input checked="" type="checkbox"/> 06-Emotionally Disturbed		09-Migrant	
04-Physically Handicapped		07-Sibling Group		10-None	
				15.a. Certification Worker BJN	

16. Family Identifier Name (enter last name first) <b>SOLIZ DONNA</b>		17. Family ID Client No. (must be registered on SSMS) <b>508092036</b>	
18. CLIENT TYPE <input checked="" type="checkbox"/> 31-Abuse/Neglect <input type="checkbox"/> 32-Abuse <input type="checkbox"/> 33-Neglect <input type="checkbox"/> 34-Truant <input type="checkbox"/> 35-Runaway <input type="checkbox"/> 36-Court Ordered		19. ELIGIBILITY STATUS 01-SSI 02-AFDC Rec. 03-MAO 04-Inc. Elig. 05-Regard 06-Post-Adoption 07-CHINS 08-Adjudicated Delinquent-Court Ordered 09-Protective Placement (Non-Abuse/Neglect) 10-Interstate Compact for Placement of Children 11-MAO Foster Care 12-State Paid Foster Care 13-AFDC/MAO/SPFC App. Pending 14-Cal. 5 R/E 15-16-EA/T-XIX	
20. Eligibility Date <b>11-27-95</b>		20.a. Denial Date	
20.b. LOC <b>01</b>		21. Review Date <b>11-27-96</b>	
22. Priority <b>1</b>			

## LEGAL INFORMATION

23. STATUS-Initiate/Update <input checked="" type="checkbox"/> 01-Parental Rights Not Term. <input type="checkbox"/> 02-Parental Rights Term. <input type="checkbox"/> 03-Relinquishment <input type="checkbox"/> 04-Agreement <input type="checkbox"/> 05-PRS Responsibility		24. Legal Status Date <b>11-28-95</b>		25. County <b>220</b>	
26. PERMANENCY GOAL 01-Preservation <input checked="" type="checkbox"/> 02-Reunification 03-Perm. Placement with Relative 04-Adoption by Non-Relative 05-Trans. Conserv. to Caregiver		27. ARE/OTHER EXCHANGE <input checked="" type="checkbox"/> 1-NA <input type="checkbox"/> 2-ARE <input type="checkbox"/> 3-Exchange <input type="checkbox"/> 4-No			

## PLACEMENT INFORMATION-Do not enter item 28 (Line) except on corrections.

28. Line <b>3</b>	29. Date Placed <b>02-17-94</b>	30. Liv. Arr. <b>21</b>	31. How Prov. <b>13</b>	32. Facility No. <b>255282</b>	33. Residence Name <b>BUCKNER BAPTIST CHILDR</b>
34. Residence Street Address <b>5200 S BUCKNER BLVD</b>				35. City <b>DALLAS</b>	36. St. <b>TX</b>
37. ZIP <b>75227</b>				38. County <b>057</b>	
28. Line <b>4</b>	29. Date Placed <b>11-27-95</b>	30. Liv. Arr. <b>21</b>	31. How Prov. <b>10</b>	32. Facility No. <b>255282</b>	33. Residence Name <b>BUCKNER BAPTIST CHILDR</b>
34. Residence Street Address <b>5200 S BUCKNER BLVD</b>				35. City <b>DALLAS</b>	36. St. <b>TX</b>
37. ZIP <b>75227</b>				38. County <b>057</b>	
28. Line <b>5</b>	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
34. Residence Street Address				35. City	36. St.
37. ZIP				38. County	

39. CORRECT/TRANSFER  
TO THIS BJN

40. FOR S.O. USE

41.

42. NAME-LAST <b>TX</b>	43. STREET	44. CITY	45. ZIP
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**FOSTER CARE, ADOPTION AND CONSERVATORSHIP TRACKING SYSTEM (FACTS)**  
**(Items 30 and 31—Corresponding Codes)**

ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED	ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED
01 — Own Home 02 — Relative's Home 03 — Independent Living Arrangement 31 — Unauthorized Absence 32 — Other	01 — Not Applicable	17 — Private Child Caring Institution 19 — Private Institution for Mentally Retarded 21 — Private Institution for Emotionally Disturbed 22 — Public/Private Institution for Physically Handicapped 23 — Public/Private Institution for Blind/Deaf 27 — Maternity Home 28 — Halfway House 29 — Hospital 36 — Therapeutic Camp 37 — Psychiatric Unit of a Hospital 38 — Psychiatric Hospital 39 — Foster Family Home—Primary Medical Needs 40 — Foster Group Home—Primary Medical Needs	05 — Free 08 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays
33 — Adoptive Home/Former Foster Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 08 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays	16 — Public Child Caring Institution 18 — Public Institution for Mentally Retarded 20 — Public Institution for Emotionally Disturbed	05 — Free 06 — Client Pays 07 — County Paid Foster Care 13 — Other Pays
04 — Adoptive Home 34 — Adoptive Home/Relative Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 08 — Client Pays 13 — Other Pays	24 — Texas Youth Council Facility 25 — Other Juvenile Detention Facility 26 — Jails and Prisons	05 — Free 13 — Other Pays
05 — PRS Foster Home 06 — Other Foster Home 07 — PRS Foster Group Home 08 — Other Foster Group Home Emergency Shelter Foster Home Emergency Shelter Foster Group Home 11 — Foster Home for Emotionally Disturbed 12 — Foster Group Home for Emotionally Disturbed 13 — Foster Home for Mentally Retarded 14 — Foster Group Home for Mentally Retarded 15 — Emergency Shelter Institution	05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 12 — CWF Group Home or Emergency Shelter 13 — Other Pays	30 — Nursing Home 41 — Residential Substance Abuse Treatment	06 — Client Pays 13 — Other Pays 13 — Other Pays

The following items must be completed for your document to process. Check other items also to be sure you have updated all necessary items.

ACTION CODE	Form 2001-A		Form 2001-B	
	PRIMARY WORKER	COURTESY WORKER	PRIMARY WORKER	COURTESY WORKER
INITIATE TRACKING	All items must be completed. Legal status must be 01—05.	Items 1—12 must be completed.	All client-related items that are not pre-printed must be completed. Legal status must be 01—05.	Items 5, 6, 8, and 9 must be completed
UPDATE TRACKING	All items must be completed.	Items 1—12 and 39 (if a BJN transfer is necessary) must be completed.	Items 5, 8, 9, and any items that need to be added or updated must be completed.	Items 5, 8, 9, and 39 (if a BJN transfer is necessary) must be completed.
TERMINATE TRACKING	All items must be completed. Legal status must be 06—09 and legal status date must be updated.	Do not use this action code.	Items 5, 8, 9, and any items that need to be added or updated must be completed. Legal status must be 06—09 and legal status date must be updated.	Do not use this action code.
CLOSE ISTRATION	All items must be completed. Legal status must be 06—09 and legal status date must be updated.	Items 1—12 must be completed.	Items 5, 8, 9, and any items that need to be added or updated must be completed. Legal status must be 06—09 and legal status date must be updated.	Items 5, 8, and 9 must be completed.

Form 2001-A/B—Codes

5

Completed by 1-2-96

TRACKING SYSTEM (FACTS)

WORKER INFORMATION

1. Worker Name (Last) (First)	
McGuire Sandra	
2. Emp. No.	3. BJN
031546028	1911010296
4. Mail Code 5. Today's Date	
6. Worker Responsibility	
<input type="checkbox"/> 1 - Primary Responsibility	<input type="checkbox"/> 2 - Courtesy Supervision

CLIENT INFORMATION

7. Client No. OR Temporary No.	
508092037 T00787031	
8. Action Code	
<input checked="" type="checkbox"/> 1 - Initiate Tracking	<input type="checkbox"/> 2 - Update <input type="checkbox"/> 3 - Terminate Tracking <input type="checkbox"/> 4 - Close
9. Effective Date	
11/2/79	
10. Client Name (Last) (First) (MI)	
SAENZ SOLIZ MARK A	
11. Social Security No.	
452872368	
12. Date of Birth	
9/12/78	
13. Ethnic Group	
<input type="checkbox"/> 1 - Anglo <input type="checkbox"/> 2 - Black <input checked="" type="checkbox"/> 3 - Hispanic <input type="checkbox"/> 4 - American Indian <input type="checkbox"/> 5 - Oriental <input type="checkbox"/> 6 - Other	
14. Sex	
<input type="checkbox"/> 1 - Female <input checked="" type="checkbox"/> 2 - Male	

15. CLIENT CHARACTERISTICS - Check all that apply (enter an \* to delete a characteristic)

<input type="checkbox"/> 02 - Blind	<input checked="" type="checkbox"/> 05 - Mentally Retarded	<input type="checkbox"/> 08 - Refugee/Entrant
<input type="checkbox"/> 03 - Deaf	<input checked="" type="checkbox"/> 06 - Emotionally Disturbed	<input type="checkbox"/> 09 - Migrant
<input type="checkbox"/> 04 - Physically Handicapped	<input checked="" type="checkbox"/> 07 - Sibling Group	<input type="checkbox"/> 10 - None
15.a. Certification Worker BJN		
03102604		

16. Family Identifier Name (enter last name first)	17. Family ID Client No. (must be registered on SSMS)
SOLIZ, DONNA	508092036

18. CLIENT TYPE

<input checked="" type="checkbox"/> 31 - Abuse/Neglect	<input type="checkbox"/> 37 - Non-adjudicated CHINS
<input type="checkbox"/> 32 - Abuse	<input type="checkbox"/> 38 - Adj. Delinquent-Court Ordered
<input type="checkbox"/> 33 - Neglect	<input type="checkbox"/> 42 - Protective Placement (Non-Abuse/Neglect)
<input type="checkbox"/> 34 - Truant	<input type="checkbox"/> 43 - Interstate Compact for Placement of Children
<input type="checkbox"/> 35 - Runaway	<input type="checkbox"/> 44 - Post Adoption
<input type="checkbox"/> 36 - Adj. CHINS - Court Ordered	

19. ELIGIBILITY STATUS

<input type="checkbox"/> 01 - SSI	<input checked="" type="checkbox"/> 09 - MAO Foster Care
<input type="checkbox"/> 02 - AFDC Recip	<input type="checkbox"/> 10 - State Paid Foster Care
<input type="checkbox"/> 03 - MAO	<input type="checkbox"/> 11 - AFDC/MAO/SP FC Application Pending
<input type="checkbox"/> 04 - Inc. Elig.	<input type="checkbox"/> 14 - Cat. 5 R/E
<input type="checkbox"/> 05 - Without Regard	
<input type="checkbox"/> 08 - AFDC Foster Care	

20. Certification/Eligibility Date

11/2/79

20.a. Denial Date

20.b. Recom. LOC

01

20.c. Billing LOC

01

21. Review Date

11/2/79

22. Priority

0A

LEGAL INFORMATION

23. STATUS—Initiate/Update Terminate/Close

<input checked="" type="checkbox"/> 01 - Man. Conservatorship/Parental Rts. Not Term.	<input type="checkbox"/> 06 - Adoption Consummated
<input type="checkbox"/> 02 - Man. Conservatorship/Parental Rts. Term.	<input type="checkbox"/> 07 - Child Emancipated
<input type="checkbox"/> 03 - Voluntary Relinquishment	<input type="checkbox"/> 08 - Child Died
<input type="checkbox"/> 04 - Voluntary Placement Agreement	<input type="checkbox"/> 09 - DHS Resp. Terminated
<input type="checkbox"/> 05 - Other Legal Basis for DHS Responsibility	

24. Legal Status Date 25. County

11/28/95 220

26. PERMANENCY PLAN

<input type="checkbox"/> 01 - Return Home/Dismiss Conserv.	<input type="checkbox"/> 06 - Emancipation
<input checked="" type="checkbox"/> 02 - Adoption	<input type="checkbox"/> 07 - Other
<input type="checkbox"/> 03 - Permanent Foster Care	<input type="checkbox"/> 08 - Pending
<input type="checkbox"/> 04 - Transfer Cons. to Other	
<input type="checkbox"/> 05 - Permanent Custodial Care	

27. ARE/OTHER EXCHANGE

<input checked="" type="checkbox"/> 1-NA
<input type="checkbox"/> 2-ARE
<input type="checkbox"/> 3-ARE & Other Exchange
<input type="checkbox"/> 4-No

PLACEMENT INFORMATION - Do not enter Item 28 (Line) except on corrections.

28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
3	11/2/79	21	10	255282	(Buc) KNEP
34. Residence Street Address					
35. City					
36. St. 37. ZIP 38. County					
28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
4					
34. Residence Street Address					
35. City					
36. St. 37. ZIP 38. County					
28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
5					
34. Residence Street Address					
35. City					
36. St. 37. ZIP 38. County					

MEDICAID CARD ADDRESS if different from current placement

42. NAME—LAST		FIRST	MI
43. STREET			
44. CITY			
45. TX		46. ZIP	

39. CORRECT/TRANSFER TO THIS BJN

40. FOR E.O. USE 41.

6

ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED	ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED
01 — Own Home - Relative's Home - Independent Living Arrangement 31 — Unauthorized Absence 32 — Other	01 — Not Applicable	17 — Private Child Caring Institution 19 — Private Institution for Mentally Retarded 21 — Private Institution for Emotionally Disturbed 22 — Public/Private Institution for Physically Handicapped 23 — Public/Private Institution for Blind/Deaf 27 — Maternity Home 28 — Halfway House 29 — Hospital 36 — Therapeutic Camp 37 — Psychiatric Unit of a Hospital 38 — Psychiatric Hospital 39 — Foster Family Home—Primary Medical Needs 40 — Foster Group Home—Primary Medical Needs	05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays
33 — Adoptive Home/Former Foster Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 13 — Other Pays	16 — Public Child Caring Institution 18 — Public Institution for Mentally Retarded 20 — Public Institution for Emotionally Disturbed	05 — Free 06 — Client Pays 07 — County Paid Foster Care 13 — Other Pays
04 — Adoptive Home 34 — Adoptive Home/Relative Home	02 — Adoption Subsidy 03 — Purchased Adoption 04 — Purchased/Subsidized Adoption 05 — Free 06 — Client Pays 13 — Other Pays	24 — Texas Youth Council Facility 25 — Other Juvenile Detention Facility 26 — Jails and Prisons	05 — Free 13 — Other Pays
05 — DHS Foster Home 06 — Other Foster Home 07 — DHS Foster Group Home 08 — Other Foster Group Home 09 — Emergency Shelter Foster Home 10 — Emergency Shelter Foster Group Home 11 — Foster Home for Emotionally Disturbed - Foster Group Home for Emotionally Disturbed 13 — Foster Home for Mentally Retarded 14 — Foster Group Home for Mentally Retarded 15 — Emergency Shelter Institution	05 — Free 06 — Client Pays 07 — County Paid Foster Care 08 — AFDC Foster Care 09 — MAO Foster Care 10 — State Paid Foster Care 12 — CWF Group Home or Emergency Shelter 13 — Other Pays	30 — Nursing Home	06 — Client Pays 13 — Other Pays

The following items must be completed for your document to process. Check other items also to be sure you have updated all necessary items.

ACTION CODE	Form 2001-A		Form 2001-B	
	PRIMARY WORKER	COURTESY WORKER	PRIMARY WORKER	COURTESY WORKER
INITIATE TRACKING	All items must be completed. Legal status must be 01—05.	Items 1—12 must be completed.	All client-related items that are not pre-printed must be completed. Legal status must be 01—05.	Items 5, 6, 8, and 9 must be completed
UPDATE TRACKING	All items must be completed.	Items 1—12 and 39 (if a BJN transfer is necessary) must be completed.	Items 5, 8, 9, and any items that need to be added or updated must be completed.	Items 5, 8, 9, and 39 (if a BJN transfer is necessary) must be completed.
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Form 2001-A/B—Codes/12-90

## TRACKING SYSTEM (FACTS)

## WORKER INFORMATION

1. Worker Name (Last) (First)	
McGuire Sandra	
2. Emp. No.	3. BJN
031546028	1911010196
4. Mail Code 5. Today's Date	
6. Worker Responsibility	
<input type="checkbox"/> 1 - Primary Responsibility	<input type="checkbox"/> 2 - Courtesy Supervision

## CLIENT INFORMATION

Temporary No.

7. Client No. OR T0 0787031	8. Action Code	9. Effective Date
508092037	<input checked="" type="checkbox"/> 1 - Initiate Tracking <input type="checkbox"/> 2 - Update <input type="checkbox"/> 3 - Terminate Tracking <input type="checkbox"/> 4 - Close	11/2/79
10. Client Name (Last) (First) (MI)	11. Social Security No.	12. Date of Birth
SARAZ-SPIZ MARK A	452872368	9/12/78
13. Ethnic Group	14. Sex	
<input type="checkbox"/> 1 - Anglo <input type="checkbox"/> 2 - Black <input checked="" type="checkbox"/> 3 - Hispanic <input type="checkbox"/> 4 - American Indian <input type="checkbox"/> 5 - Oriental <input type="checkbox"/> 6 - Other	<input type="checkbox"/> 1 - Female <input checked="" type="checkbox"/> 2 - Male	

## 15. CLIENT CHARACTERISTICS - Check all that apply (enter an \* to delete a characteristic)

02 - Blind	05 - Mentally Retarded	08 - Refugee/Entrant
03 - Deaf	06 - Emotionally Disturbed	09 - Migrant
04 - Physically Handicapped	07 - Sibling Group	10 - None

15.a. Certification Worker BJN 03102004

16. Family Identifier Name (enter last name first)	17. Family ID Client No. (must be registered on SSMS)
SPIZ, DONNA	508092036

## 18. CLIENT TYPE

<input checked="" type="checkbox"/> 31 - Abuse/Neglect	37 - Non-adjudicated CHINS
<input type="checkbox"/> 32 - Abuse	38 - Adj. Delinquent-Court Ordered
<input type="checkbox"/> 33 - Neglect	42 - Protective Placement (Non-Abuse/Neglect)
<input type="checkbox"/> 34 - Truant	43 - Interstate Compact for Placement of Children
<input type="checkbox"/> 35 - Runaway	44 - Post Adoption
<input type="checkbox"/> 36 - Adj. CHINS-Court Ordered	

## 19. ELIGIBILITY STATUS

01 - SSI	09 - MAO Foster Care
02 - AFDC Recip	10 - State Paid Foster Care
03 - MAO	11 - AFDC/MAO/SP FC Application Pending
04 - Inc. Elig.	14 - Cat. 5 R/E
05 - Without Regard	
08 - AFDC Foster Care	

## 20. Certification/Eligibility Date

11/2/79

## 20.a. Denial Date

01

## 20.c. Billing LOC

01

## 21. Review Date

11/2/79

## 22. Priority

0.1

## LEGAL INFORMATION

## 23. STATUS—Initiate/Update

## Terminate/Close

<input checked="" type="checkbox"/> 01 - Man. Conservatorship/Parental Rts. Not Term.	06 - Adoption Consummated
<input type="checkbox"/> 02 - Man. Conservatorship/Parental Rts. Term.	07 - Child Emancipated
<input type="checkbox"/> 03 - Voluntary Relinquishment	08 - Child Died
<input type="checkbox"/> 04 - Voluntary Placement Agreement	09 - DHS Resp. Terminated
<input type="checkbox"/> 05 - Other Legal Basis for DHS Responsibility	

## 24. Legal Status Date 25. County

11/28/95 220

## 26. PERMANENCY PLAN

01 - Return Home/Dismiss Conserv.	06 - Emancipation
<input checked="" type="checkbox"/> 02 - Adoption	07 - Other
03 - Permanent Foster Care	08 - Pending
04 - Transfer Cons. to Other	
05 - Permanent Custodial Care	

## 27. ARE/OTHER EXCHANGE

<input checked="" type="checkbox"/> 1-NA
2-ARE
3-ARE & Other Exchange
4-No

## PLACEMENT INFORMATION - Do not enter Item 28 (Line) except on corrections.

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3	11/2/79	21	1.0	255282	(Buc) KNEB
34. Residence Street Address	35. City	36. St.	37. ZIP	38. County	
28. Line	29. Date Placed	30. Liv. Arr.	31. How Prov.	32. Facility No.	33. Residence Name
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5					
34. Residence Street Address	35. City	36. St.	37. ZIP	38. County	

## MEDICAID CARD ADDRESS if different from current placement

42. NAME—LAST	FIRST	MI
43. STREET		
44. CITY	45. TX	46. ZIP

## 39. CORRECT/TRANSFER TO THIS BJN

40. FOR S.O. USE 41.

6			
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ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED	ITEM 30—LIVING ARRANGEMENT	ITEM 31—HOW PROVIDED
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Form 2001-A/B—Codes/12-90

Texas Department of  
Protective and Regulatory Services

## FOSTER CARE ASSISTANCE APPLICATION

Form 2200-A  
November, 1994SEP 28 1995  
NOV

Page 1 of 3

☒ APPLICATION ☐ REAPPLICATION

Child's Name MARK A SAENZ Soliz	Sex M	Client No. 508092037	SSN (if none, enter date applied for) 452-87-2368
Race <input type="checkbox"/> White <input type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other:			
Mother's Full Name (including maiden name) DONNA SUE SOLIZ	Mother's Address (Street, City, State, ZIP) 3116 BRIGHT ST, FT WORTH, 76105		
Legal Father's Full Name RAUL EDUARDO SAENZ	Legal Father's Address (Street, City, State, ZIP) UNKNOWN		
Biological Father's Full Name SAME AS ABOVE	Biological Father's Address (Street, City, State, ZIP)		
Full Name of Stepparent (with whom child was living)	Stepparent's Address (Street, City, State, ZIP)		

## 1. Responsibility for Placement and Care

Does the child live with a minor parent who is in TDPRS's managing conservatorship?..... ☐ Yes ☒ No  
If yes, attach a copy of the most recent court order documenting the minor parent's conservatorship status.

## 2. Child's Placement-Identify the child's placement.

Name of Placement BUCKNER CHILDREN'S HOME DALLAS	Foster Care Facility No.	LOC or Foster Care Daily Rate \$
Address (Street, City, State, ZIP) 5200 S. BUCKNER, DALLAS, TX, 75227	Date Placed in Facility 11/27/95	Date Removed from Facility

If the child was in a hospital when TDPRS was appointed managing conservator, supply the following information

Name of Hospital	Address (Street, City, State, Zip)	Admission Date	Discharge Date
------------------	------------------------------------	----------------	----------------

## 3. Address for Form 3087 (Medicaid I.D. Card)-if Form 3087 is to be sent to someone other than the child's caregiver, specify who:

Name SUSAN SMITH, CASE AIDE	Mailing Address (Street, City, State, Zip) 951 W. PIPELINE, HURST, TEXAS 76053
--------------------------------	---

## 4. Child's Age and Citizenship or Alien Status

Date of Birth (mo./day/yr.) 1/27/82	Method of Verification <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Hospital Certificate <input type="checkbox"/> Baptismal Certificate		Evaluative Conclusion <input checked="" type="checkbox"/> (see below)
Name of Hospital or Church (if verified by birth or hospital certificate)		File or Cert. No.	
City FORT WORTH	County TARRANT	State TEXAS	
U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If not U.S. citizen, what is alien status?		
<input type="checkbox"/> Temporary INS No.:	<input type="checkbox"/> Permanent INS No.:	<input type="checkbox"/> Parentage Unknown - (found in U.S. under age five)	<input type="checkbox"/> Other (Attach documentation)
If the child is undocumented, when was a certified letter sent to INS (Attach a copy of the receipt)			Date

Evaluative Conclusion-If the child's age or status cannot be verified by one of the above methods, describe the basis on which you have made an estimate and have your supervisor sign below.

Mark has been at the Buckner's Home for about 21 months, being placed there by juvenile probation. They have his birth certificate.

Brenda Lund  
Signature-Supervisor Approving Evaluative Conclusion

11-28-95  
Date

Texas Department of  
Protective and Regulatory Services

## FOSTER CARE ASSISTANCE APPLICATION

Form 2200-A  
November, 1994

Page 2 of 3

## 5. Domicile and Deprivation of Parental Support

- A. Was the child living with one or both parents or relative during the month the court proceedings were initiated? ..... ☐ Yes ☒ No  
(Newborns are considered to be living with the mother.) If yes, complete the appropriate item below.

## Living With Both Parents:

Was either parent incapacitated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, check the appropriate box to specify how you verified it. <input type="checkbox"/> SSI <input type="checkbox"/> RSDI <input type="checkbox"/> Form 3032 - Attach a copy if you check this box
Is the primary wage-earner unemployed (receiving AFDC-UP - Type Program 61, 63, or 64)? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## Living With One Legal Parent

Which Parent? <input type="checkbox"/> Mother <input type="checkbox"/> Father	What is the reason for other parent's absence <input type="checkbox"/> Never Married <input type="checkbox"/> Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Desertion <input type="checkbox"/> Incarceration <input type="checkbox"/> Death
--	---

## Living With Relative

Name of Relative	Relationship to the Child
Address (Street, City, State, Zip)	

- B. If the child was not living with a parent or a relative during the month court proceedings were initiated, was the child living with a parent or a relative at any time during the six months before proceedings were initiated? ..... ☐ Yes ☒ No

If Yes, Name of Parent or Relative	Relationship to Child	Dates Child lived with This Person from: to:
------------------------------------	-----------------------	---

## 6. Income Assistance from the Texas Department of Human Services

When were the court proceedings initiated that resulted in the child's removal? ..... Month and Year  
11/27/95

Did the child receive income assistance during that month? ..... ☒ Yes ☐ No

If yes, complete the following:

Income Assistance Case Name DONNA SUE SOLIZ	Type of Assistance (Check all that apply). <input type="checkbox"/> AFDC <input checked="" type="checkbox"/> Food Stamps <input type="checkbox"/> MAO (Medical Assistance Only)
Name of Parent or Qualified Relative ABOVE	Relationship to Child <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Other:
Address (Street, City, State, Zip) 3116 BRIGHT ST, FORT WORTH, TX, 76105	

Note: The child's Income Assistance worker must be notified of the child's removal.

Income Assistance Worker's Name	Phone No.	Date Notified
---------------------------------	-----------	---------------

## 7. Income and Resources

- A. Complete this section to establish the family's financial need. If there is a stepparent living in the home, include the stepparent's income and resources. For anyone who has no income, enter \$0.00. Do not enter N/A or leave blank.

NUMBER IN FAMILY	GROSS MONTHLY INCOME	SOURCE OF INCOME	FAMILY MEMBERS TO WHOM INCOME IS ATTRIBUTED
	\$0.00		Mother
			Father
			Stepparent
			Siblings
			Other (specify):

Texas Department of  
Protective and Regulatory Services

## FOSTER CARE ASSISTANCE APPLICATION

Form 2200-A  
November, 1994

Page 3 of 3

B. At the time of removal, were any day-care costs being paid? (If yes, complete the box below):..... ☐ Yes ☒ No

Monthly Amount	Number of Children	Paid By
----------------	--------------------	---------

C. Child's monthly income - Check all sources of income that apply, and enter the amounts actually received each month

<input type="checkbox"/> SSI \$	<input type="checkbox"/> RSDI \$	<input checked="" type="checkbox"/> Child Support \$125.00	<input type="checkbox"/> Child's Earnings \$
<input type="checkbox"/> Other (specify):			<input type="checkbox"/> No income - \$0.00

Name of Payee for the Child's Income RAUL EDUARDO SAENZ	Relationship to Child BIOLOGICAL FATHER
--	--

Specify how you determined the family's and the child incomes:

ASKED MOTHER

D. Does the child have more than \$1000 equity in property and resources? ):..... ☐ Yes ☒ No


If yes, describe (savings account, trust fund, etc.)	<input type="checkbox"/> Accessible	<input type="checkbox"/> Not Accessible
Second Resource	<input type="checkbox"/> Accessible	<input type="checkbox"/> Not Accessible
Method of Verification		

8. Health Insurance - is the child covered by any health insurance other than Medicaid? ..... ☐ Yes ☒ No

If yes, include a copy of the insurance card and complete this item. (Note: If the child is covered by more than one policy, enter the corresponding information for other policies on an attachment.)

Company Name	Policy No.	Group No.		
Address		City	State	Zip
Policy Holder	Employee Name	Beginning Date	Ending Date	

9. Signature - The child's worker must sign and date the form.



Signature - Child's Worker

11/27/95

Date

Print or Type Worker's Name HEIDI M SCHMIDT	Mail Code 819-1
BJN 031 54 C04	Telephone No. 590-9508 X 255

**When to Complete**—The foster-care eligibility worker completes this form after receiving Form 2200-A or 2200-B from the child's worker.

Child's Full Name <i>Marko Saenz Soliz</i>	Client No. <i>508092037</i>	Child's Worker <i>Dandre M. Quinn</i>	Mail Code <i>819-1</i>
---	--------------------------------	--	---------------------------

Eligibility Determination – based on ☒ Form 2200-A ☐ Form 2200-B received on (date) *12-28-95*

This child ☐ IS ELIGIBLE ☐ IS NOT ELIGIBLE for foster-care assistance.

If the child is eligible for foster-care assistance, check one of the four boxes below to specify the type of assistance. Note: If you check State-Paid Assistance, check one of the additional boxes provided to specify the child's Medicaid eligibility.

☐ TITLE IV-E ASSISTANCE ..... Effective Date \_\_\_\_\_

☒ STATE-PAID ASSISTANCE ..... Effective Date *11-27-95*

Type of Medicaid Eligibility – Check one.

<input checked="" type="checkbox"/> Regular (A)	<input type="checkbox"/> Medically Needy (B)	<input checked="" type="checkbox"/> State-Paid (C)	<input type="checkbox"/> SSI (D)
---	--	--	----------------------------------

☐ MEDICAL ASSISTANCE ONLY (MAO) ..... Effective Date \_\_\_\_\_

☐ COUNTY-PAID ASSISTANCE ..... Effective Date \_\_\_\_\_

**Payment Computation for LOC**

Daily Rate _____ x 30	
Less Child's Monthly Income	
<b>MONTHLY PAYMENT</b>	

**Notifications**

Have you sent Form 1702 or 1703 to the child support unit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Have you reported the child's health insurance on Form 1039? .....	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> NA
Have you notified the child's worker of this eligibility determination? .....	<input type="checkbox"/> Yes		

**Comments**—Explain why this child is eligible for the type of foster-care assistance specified above.

*Court orders received, filed date 11-28-95, with proper language i.e., RE BI + tmc. Parents do not live together. Mother's income - 0 - Marko has been in juv. det + placed at Buckner for past 21 months. therefore is TP 10 eligible only. ~~receives no income~~ Receives \$125.00 mmo child support.*

## Worksheet (Optional)

## Recognizable Needs Test

Recognizable Needs (See Income Assistance Chart)		\$
2. Total Gross Earned Income of Certified Group	\$	
3. Total WRE Standard Deduction	-	
4. Adjusted Earned Income (Line 2 minus Line 3)	=	
5.a. \$30 Disregard	-	
b. Subtotal (Line 4 minus Line 5.a.)	=	
c. 1/3 of Line 5.b.	-	
d. Subtotal (Line 5.b. minus Line 5.c.)	=	
6. Total Child/Incap. Care Costs	=	
7. Subtotal (Line 5.d. minus Line 6.)	=	
8. Total Unearned Income	+	
9. Adjusted Gross Income (Line 7. plus Line 8.)	- \$	
10. Unmet Need (Line 1 minus Line 9)	= \$	
GRANT AMOUNT (Round Down to \$)		= \$

## Applied Income of Stepparent: Complete only if a noncertified stepparent with income lives in the home.

1. Stepparent's Gross Earnings	=
2. Standard Work-Related Expenses Deduction	=
3. Net Earned Income (Line 1 minus Line 2.)	=
4. Other Income of Stepparent	+
5. Total Adjusted Income (Line 3 plus Line 4)	=
6. Payments to Dep. Outside Home	-
7. Alimony and Child Support Payments	-
8. Remaining Income (Subtotal)	=
9. 100% Needs of Stepparent and Noncert. Dep.	=
10. Remaining Needs/Applied Income (Line 8 minus Line 9)	=

Pages 1 through 109 redacted for the following reasons:  
-----

Case Name: Saenz, Mark

Case #: 17020998

**INTAKE REPORT  
CHILD PROTECTIVE SERVICES**

**SUMMARY**

<b>Intake #:</b> 16393873	<b>Date Reported:</b> 11/22/1995
<b>Primary Allegation:</b> Refuse Parental Resp	<b>Time Reported:</b> 11:59 PM
<b>Worker Safety Issues:</b> N	<b>L/E Notification Date:</b>
<b>Sensitive Issues:</b> N	<b>L/E Jurisdiction:</b>
<b>Suspected Manufacturing of Methamphetamines:</b>	
<b>Special Handling:</b>	
<b>Priority Determination:</b> 1	<b>Reason for Closure:</b>
<b>Determination Factors:</b>	<b>Worker Taking Intake:</b>
	( ) - Ext.
<b>Was there an open case on the family in the CPS INV, FBSS, FSU, or FRE stage on the date the Intake was taken?</b>	<b>Was the Intake formally screened?</b>
<b>Screened by:</b>	



Case #: 17020998

# **INTAKE REPORT CHILD PROTECTIVE SERVICES**

## **PRINCIPAL INFORMATION**

Mark A Soliz	Oldest Victim	Alleged Victim
--------------	---------------	----------------

**Approx:** N      **Age:**      **SSN:**      **Language:** English  
**DOB:** 1/27/1982      **DOD:**      **Ethnicity:** White (Hispanic)  
**Sex:** Male      **Reason:**      **Marital:** Child, not applicable  
**In-Law:** N

**Addresses:**

**Residence** 5200 S BUCKNER BLVD

DALLAS, TX 75227-2006  
DALLAS

**Attn:**  
**Notes:**

**Phones:**

**Aliases:** Mark Saenz Soliz

**Notes:**

Donna S Soliz	Parent	Alleged Perpetrator
---------------	--------	---------------------

**Approx:** N      **Age:** 38      **SSN:**      **Language:** English  
**DOB:** 10/1/1959      **DOD:**      **Ethnicity:** White (Hispanic)  
**Sex:** Female      **Reason:**      **Marital:** Single, never MA  
**In-Law:** N

**Addresses:**

**Residence** 2829 PROSPECT AVE

FORT WORTH, TX 76106-5731  
TARRANT

**Attn:**  
**Notes:**

**Phones:**

**Aliases:**

**Notes:**

Case #: 17020998

**INTAKE REPORT  
CHILD PROTECTIVE SERVICES**

<b>Raul Saenz</b>	<b>Parent</b>	<b>No Role</b>
-------------------	---------------	----------------

<b>Approx:</b> N	<b>Age:</b> <b>DOB:</b> 2/19/1961	<b>SSN:</b> <b>DOD:</b>	<b>Language:</b> <b>Ethnicity:</b> White (Hispanic)
	<b>Sex:</b> Male	<b>Reason:</b>	<b>Marital:</b> Unknown
	<b>In-Law:</b> N		

**Addresses:****Residence** 3464 LULU STFORT WORTH, TX 76106-4619  
TARRANT**Attn:**  
**Notes:****Phones:****Aliases:****Notes:**

Case #: 17020998

**INTAKE REPORT  
CHILD PROTECTIVE SERVICES**

---

**ALLEGATION DETAIL**

<u>Victim</u>	<u>Allegation(s)</u>	<u>Alleged Perpetrator(s)</u>
Soliz, Mark A	Refuse Parental Resp	Soliz, Donna S
Soliz, Mark A	Neglectful Supv.	Soliz, Donna S

---

**CALL NARRATIVE**

**WORKER SAFETY ISSUES:**

**SENSITIVE ISSUES:**

**SUSPECTED MANUFACTURING OF METHAMPHETAMINES:**

Page 114 redacted for the following reason:  
.....

Case Name: Saenz, Mark  
Case #: 17020998

**INTAKE REPORT  
CHILD PROTECTIVE SERVICES**

---

**DECISIONS/RECOMMENDATIONS**

**Recorded Call:**  
00000X00

11/22/1995  
11:59 PM

( ) - Ext.

**Approved:**

( ) - Ext.

**Stage Change/Closed:**

9/1/1996  
09:57 PM

( ) - Ext.

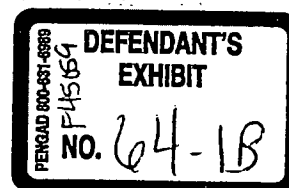
**Initial Priority: 1**

**Current Priority: 1**

**Priority Changes:**

**Reason for Closure:**

**SCANNED**



If this report is sent to you by facsimile and you are unable to

pages, please call

() - Ext.

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES****NOTIFICATION TO LAW ENFORCEMENT AGENCY OF ABUSE/NEGLECT  
REPORT**

SECTION 261.105 (T.F.C.) Requires that Children's Protective Services notify the appropriate law enforcement agency of all reports of abuse/neglect received by the Department other than reports received from such agencies. This letter confirms that CPS has notified you of the report of child abuse/neglect specified below.

**TO:****DATE:** 10/11/2010**FROM:** Denton**PHONE:** (940) 387-8544 Ext.**C O N F I D E N T I A L****CASE NAME:** Saenz, Mark  
**CASE NUMBER:** 17020998**DATE OF REPORT:** 11/22/1995  
**TIME OF REPORT:** 11:59 PM**HOUSEHOLD ADDRESS****INVOLVING ALLEGATION TYPES**Refuse Parental Resp  
Neglectful Supv.**ACTION TAKEN BY CPS:**

**ACTION REQUESTED:** Please notify CPS staff at the above listed CPS office of all actions planned or taken in this case so that we can coordinate our respective investigations and services. If you determine that this case should be reported to another law enforcement agency, please forward this notification to the appropriate agency.

**SECTION 261.201 (T.F.C.)** The name of the complainant (i.e. reporter or informant) is confidential. Consequently, identifying information about the complainant is not included in this report. If this information is needed to conduct the criminal investigation, the assigned Child Protective Services worker or supervisor may orally share information about the complainant's identity with the assigned investigating officer.

**INTAKE REPORT  
CHILD PROTECTIVE SERVICES**

**SUMMARY**

<b>Intake #:</b> 16393873	<b>Date Reported:</b> 11/22/1995
<b>Primary Allegation:</b> Refuse Parental Resp	<b>Time Reported:</b> 11:59 PM
<b>Worker Safety Issues:</b> N	<b>L/E Notification Date:</b> 10/11/2010
<b>Sensitive Issues:</b> N	<b>L/E Jurisdiction:</b>
<b>Suspected Manufacturing of Methamphetamines:</b>	
<b>Special Handling:</b>	
<b>Priority Determination:</b> 1	<b>Reason for Closure:</b>
<b>Determination Factors:</b>	<b>Worker Taking Intake:</b>

( ) -  
Ext.



Case #: 17020998

# **INTAKE REPORT CHILD PROTECTIVE SERVICES**

## **PRINCIPAL INFORMATION**

Mark A Soliz	Oldest Victim	Alleged Victim
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**Approx:** N      **Age:**      **SSN:**      **Language:** English  
**DOB:** 1/27/1982      **DOD:**      **Ethnicity:** White (Hispanic)  
**Sex:** Male      **Reason:**      **Marital:** Child, not applicable  
**In-Law:** N

**Addresses:**

**Residence** 5200 S BUCKNER BLVD

DALLAS, TX 75227-2006  
DALLAS

**Attn:**  
**Notes:**

**Phones:**

**Aliases:** Mark Saenz Soliz

**Notes:**

Donna S Soliz	Parent	Alleged Perpetrator
---------------	--------	---------------------

**Approx:** N      **Age:** 38      **SSN:**      **Language:** English  
**DOB:** 10/1/1959      **DOD:**      **Ethnicity:** White (Hispanic)  
**Sex:** Female      **Reason:**      **Marital:** Single, never MA  
**In-Law:** N

**Addresses:**

**Residence** 2829 PROSPECT AVE

FORT WORTH, TX 76106-5731  
TARRANT

**Attn:**  
**Notes:**

**Phones:**

**Aliases:**

**Notes:**

Case Name: Saenz, R  
Case #: 17020998

**INTAKE REPORT  
CHILD PROTECTIVE SERVICES**

<b>Raul Saenz</b>	<b>Parent</b>	<b>No Role</b>
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<b>Approx:</b> N	<b>Age:</b> <b>DOB:</b> 2/19/1961 <b>Sex:</b> Male <b>In-Law:</b> N	<b>SSN:</b> <b>DOD:</b> <b>Reason:</b>	<b>Language:</b> <b>Ethnicity:</b> White (Hispanic) <b>Marital:</b> Unknown
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**Addresses:**

**Residence** 3464 LULU ST

FORT WORTH, TX 76106-4619  
TARRANT

**Attn:**  
**Notes:**

**Phones:**

**Aliases:**

**Notes:**

Case Name: Saenz, L. K.

Case #: 17020998

**INTAKE REPORT  
CHILD PROTECTIVE SERVICES**

---

**COLLATERAL INFORMATION**

Case Name: Saenz, Jrk  
Case #: 17020998

**INTAKE REPORT  
CHILD PROTECTIVE SERVICES**

---

**ALLEGATION DETAIL**

<u>Victim</u>	<u>Allegation(s)</u>	<u>Alleged Perpetrator(s)</u>
Soliz, Mark A	Refuse Parental Resp	Soliz, Donna S
Soliz, Mark A	Neglectful Supv.	Soliz, Donna S

---

**CALL NARRATIVE**

**WORKER SAFETY ISSUES:**

**SUSPECTED MANUFACTURING OF METHAMPHETAMINES:**

<COVER>  
<FCSFILE:CAPSFCS.PCL>  
<NOTE: 17020998>  
<NOTE: Saenz, Mark>  
<TO\_NAME: 16393873 >  
<TO\_FAXNUM: ( ) ->

Case Name: Soliz, Donna S  
Case #: 17020998  
Stage: INV

**SERVICES AND REFERRALS CHECKLIST REPORT**

Date of First Referral:  
No Services/Referrals:

**Services/Referrals Provided**

**Family Response**

At least one person in the family agreed to seek or accept one or more of the resources or services.

No one in the family agreed to seek or accept any of these resources or services.

Other (explain).

✓ Not Applicable.

**Comments**

Case Name: Soliz, Donna S  
Case #: 17020998  
Stage: FPR

**SERVICES AND REFERRALS CHECKLIST REPORT**

Date of First Referral:  
No Services/Referrals:

**Services/Referrals Provided**

**Comments**

**Parental Child Safety Placements**

Case Name: Soliz, Donna S  
Case #: 17020998  
Stage: FSU

**SERVICES AND REFERRALS CHECKLIST REPORT**

Date of First Referral:  
No Services/Referrals:

**Services/Referrals Provided**

**Comments**

Case Name: Soliz, Anna S
Case #: 17020998

**CPS INVESTIGATION SUMMARY**

Intake Received:	11/22/1995
Intake Progressed to Investigation:	11/22/1995
Investigation Initiated:	11/22/1995
Investigation Tasks Completed:	12/6/1995
Investigation Approved:	12/6/1995

Overall Disposition:	Reason to Believe
Risk Finding:	
Recommended Action:	Removal/Subcare
Safety Plan Completed:	No
EA Eligibility:	Yes

Supervisor:	Afton Rutherford
Primary Worker:	Heidi M Schmidt

Office:	951 W PIPELINE RD SUIT HURST, TX 76053-4834 TARRANT
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**ALLEGATION DETAIL**

<u>Victim</u>	<u>Allegation(s)</u>	<u>Alleged Perpetrator(s)</u>	<u>Disposition</u>
Soliz, Mark A	Neglectful Supv. (CPS)	Soliz, Donna S	Reason to Believe
Soliz, Mark A	Refuse Parental Resp	Soliz, Donna S	Reason to Believe



Case Name: Soliz, Ina S  
Case #: 17020998

### PRINCIPAL INFORMATION

Mark A Soliz	Oldest Victim	Designated Victim
--------------	---------------	-------------------

Approx: N      Age: 28      SSN:      Language: English  
DOB: 1/27/1982      DOD:      Ethnicity: White (Hispanic)  
Sex: Male      Reason:      Marital: Child, not applicable

**Address:**

Other      401 W SANFORD ST      Attn:  
ARLINGTON, TX 76011-7087      Notes:  
TARRANT

**Phones:**

Fac Residence      (214) 319-3406 Ext.      Notes:

**Notes:**

Donna S Soliz	Parent	Designated Perpetrator
---------------	--------	------------------------

Approx: N      Age: 51      SSN:      Language: English  
DOB: 10/1/1959      DOD:      Ethnicity: White (Hispanic)  
Sex: Female      Reason:      Marital: Single, never MA

**Address:**

Residence      1225 DENVER AVE      Attn:  
FORT WORTH, TX 76106-9009      Notes: This is actually the home of Sharon  
TARRANT      Rangel where Donna is now living.

**Phone:**

Residence      (817) 626-2499 Ext.      Notes: This is actually the phone # of Sharon  
Rangel, where is Donna is now living.

**Notes:**

Raul Saenz	Parent	No Role
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Approx: N      Age: 49      SSN:      Language:  
DOB: 2/19/1961      DOD:      Ethnicity: White (Hispanic)  
Sex: Male      Reason:      Marital: Unknown

**Address:**

Case Name: Soliz, Anna S

Case #: 17020998

**Residence**

3464 LULU ST

**Attn:**

**Notes:**

FORT WORTH, TX 76106-4619  
TARRANT

**Phone:**

( ) - Ext.

**Notes:**

**Notes:**

Page 128 redacted for the following reason:  
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Case Name: Soliz, Donna S  
Case #: 17020998

HISTORY OF INVESTIGATION

Investigation Completion Date: 12/06/1995

Victim:	Mark A Soliz	AP:	Donna S Soliz
Allegation:	Refuse Parental Resp	Severity:	
Disposition:	Reason to Believe		

Victim:	Mark A Soliz	AP:	Donna S Soliz
Allegation:	Neglectful Supv. (CPS)	Severity:	
Disposition:	Reason to Believe		

Overall Disposition: Reason to Believe  
Risk Finding: Risk Indicated

## **FAMILY ASSESSMENT**

**Worker:** Laura Flores

**Date Completed:** 11/20/1996

This form identifies the underlying causes of the risk factors identified in the Risk Assessment.

### **I. THE ABUSE OR NEGLECT ITSELF**

**Motivation**

**Characteristics**

**Strengths and Resources**

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### **II. CHILD FACTORS**

---

### **III. PARENTS AND CARETAKERS**

**ADULT:** Donna S Soliz

**Relationship to Child:** Other

**Behavioral Issues**

Codependent behavior  
Drug or alcohol abuse  
Low self-esteem

**History**

Abused or neglected as a child  
Criminal involvement  
Lack of education or training  
Unable to form positive relationships  
Victim of spouse abuse

**Parenting Issues**

Inappropriate expectations  
Insensitive to child's needs  
Lack of attachment

**Strengths and Resources**

---

### **IV. FAMILY FUNCTIONING**

**Family Circumstances**

## **FAMILY ASSESSMENT**

Housing problems  
Inadequate income  
Recently moved  
Single parent or caretaker

### **Family Functioning**

Absence of household routines  
Crisis lifestyle  
Interpersonally distant  
Role and boundary problems

### **Strengths and Resources**

Case Name: Soliz, E. J. S
Case #: 17020998

**FAMILY PLAN EVALUATION**

Date Completed 11/22/1996	Month/Year of Next Evaluation or Review 5/20/1997
------------------------------	--

**Task Evaluation Description:** Parenting classes  
**Comments:** Kiki has been attending her parenting classes. She lacks two classes. Services are going to continue again with VOA to make-up these classes and begin more intense one-on-one work with her mentor. Therapy has been arranged for Kiki and she has been attending some sessions. She needs to attend more consistently to monitor progress better.

**Goal Evaluation Description:** Use support service  
**Comments:** Kiki has been attending her parenting classes. She lacks two classes. Services are going to continue again with VOA to make-up these classes and begin more intense one-on-one work with her mentor. Therapy has been arranged for Kiki and she has been attending some sessions. She needs to attend more consistently to monitor progress better.

**Task Evaluation Description:** Obtain evaluation  
**Comments:** Kiki obtained her evaluation and has gone for her psychiatric assessment and needs to follow through with the recommendations and referrals for other services.

**Goal Evaluation Description:** Get treatment for depression  
**Comments:** Kiki continues to seem depressed. She cries during conversations about her ability to parent and being overwhelmed. She reports not sleeping well and not having energy to do anything.

**Task Evaluation Description:** Locate/maintain proper housing  
**Comments:** Kiki is on the waiting list for Section 8 Housing. She has not obtained other housing for her children. She has not found a stable means of financially providing for her children.

**Goal Evaluation Description:** Maintain safety  
**Comments:** Kiki has not found safe housing for her children and herself

**Task Evaluation Description:** Additional treatment  
**Comments:** Ms. Soliz did not follow through and complete treatment for her problem with drugs and alcohol.

**Goal Evaluation Description:** Be drug/alcohol free  
**Comments:** Ms. Soliz has made little progress on her service plan. She was admitted twice to an in-patient drug treatment program, but did not complete the program either time.

**Type of Family Plan Review:** Six Month

Case Name: Soliz, Donna S
Case #: 17020998
Child's Name: Mark A Soliz      DOB: 1/27/1982

**CHILD'S SERVICE PLAN**  
**Initial Plan**

**Initial Service Plan / Intake Study / Initial Assessment Report**

**OVERVIEW**

**A. General:**

<b>Religion</b>	<b>Submitted for Approval</b>	<b>Date of Next Review</b>
Catholic		
<b>Worker Who Completed Form</b>		
Sandra L. McGuire		

**B. Long-Range Goal For Permanency**

<b>Permanency Goal</b>	
Family Reunification	
<b>Projected Date for Achieving Permanency</b>	<b>Estimated Length of Stay in Substitute Care</b>
If there is a discrepancy between the estimated length of stay in substitute care and the projected date of permanency, explain:	

**C. Concurrent / Alternative Goal For Permanency**



Case Name: So. Jonna S

Case #: 17020998

Child's Name: Mark A Soliz DOB: 1/27/1982

**CHILD'S SERVICE PLAN**  
**Initial Plan**

**INTAKE HISTORY**

**A. Initial Social History**

**Child:**

**Family:**

**B. Initial Genetic History**

Case Name: So. Jonna S  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN Initial Plan

### RESULTS OF INITIAL ASSESSMENTS / PROGRESS SINCE REMOVAL

#### Caregiver observations about child's personality, behavior, special interests, and talents

#### Basic needs

All children in placement have basic needs. They require food, shelter, and clothing; routine medical and dental care; safe, stimulating, and nurturing home environments; and friendships and recreational activities appropriate to their ages. FPS expects each child's caregiver to meet the child's basic needs without specifically identifying those needs in the case plan.

#### Specific needs

##### Social and Emotional Needs

##### Educational Needs

##### Developmental Needs

##### Medical and Dental Needs

##### Special Physical Needs

##### Placement Needs

##### Type of Placement

##### Appropriateness and Safety of Placement

##### Objectives of placement

The objectives of this placement are to protect the child from abuse and neglect, and to provide the child with care that meets the child's needs for permanency, safety and well being. Additional objectives are:

##### Visitation Summary

##### Culture Heritage

##### Permanency Needs

##### Progress / Efforts Made Toward Permanency

##### ASFA requirement, if applicable

#### Summary:

##### Extent of Compliance (if a review):

##### Appropriateness of Services:

##### Continuing Necessity for Placement:

#### Emergency Conditions

FPS has determined that one of the following emergency conditions continues to exist for this case and, therefore, services continue to be necessary:

1. A child is at risk of abuse or neglect, as determined by FPS;
2. A child has been removed from his/her home and placed in FPS care; or
3. A child formerly in FPS care is at-risk of being returned to FPS care.

Case Name: SC. Johna S

Case #: 17020998

Child's Name: Mark A Soliz DOB: 1/27/1982

**CHILD'S SERVICE PLAN**  
**Initial Plan**

Case Name: SC Donna S  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN Initial Plan

### PLANS

Plans to Address Permanency

Services to Meet Child's Needs

Need	
Task	PSFC/Caregiver Service
Time Frame	Time Frame
Method of Evaluation	

Provision of Safe and Proper Care in Placement

Plans for Future Visitation

Plans for Preserving Child's Cultural Heritage

Supervision

#### Behavior Management (Discipline)

The child's discipline must suit the child's age, circumstances, and developmental needs. Methods of discipline may include: establishing routines, setting reasonable limits, modeling appropriate behavior, offering choices, giving explanations, repeating instructions, taking "time-out", enforcing or permitting logical or natural consequences, and reinforcing desired behavior. Physical punishment is not permitted. Additional strategies for managing the child's behavior are specified below.

#### Support Services to the Caregivers

Identify the support services to be provided to the caregiver to help them meet the child's needs and to ensure that the child receives safe and proper care. Include the planned frequency of worker visits to the child and to the caregiver's home.

#### Travel

The child may travel to participate in normal activities (examples: church, school events). Any trips that last more than 72 hours must be approved in advance by the child's worker. Trips outside the state must be approved in advance by the child's worker and by the court. Additional stipulations regarding the child's travel are specified below.

Case Name: St. Donna S

Case #: 17020998

Child's Name: Mark A Soliz

DOB: 1/27/1982

## CHILD'S SERVICE PLAN Initial Plan

### INVITED PARTIES AND PARTICIPATION INFORMATION

NAME	RELATIONSHIP TO CASE	DATE OF NOTIFICATION	TYPE OF NOTIFICATION	DATE COPY GIVEN	DATE OF PARTICIPATION
------	----------------------	----------------------	----------------------	-----------------	-----------------------

### EXPLANATION IF NO PARTICIPATION BY CHILD, MOTHER, FATHER OR CAREGIVER

\_\_\_\_\_  
Signature-Worker\_\_\_\_\_  
Date\_\_\_\_\_  
Signature-Child (Optional)\_\_\_\_\_  
Date\_\_\_\_\_  
Signature-Supervisor\_\_\_\_\_  
Date\_\_\_\_\_  
Signature-Level One Child-Placing Staff  
(Required for initial placement only)\_\_\_\_\_  
Date\_\_\_\_\_  
Signature-Program Director  
(required for initial placement only)\_\_\_\_\_  
Date

Attach a copy of the following updated items to the plan shared with the caregiver, unless this information has already been provided or obtained by the caregiver:

- medical log
- education log
- medical/developmental history, and
- the record of immunizations

Case Name: Sc. ,Jonna S
Case #: 17020998
Child's Name: Mark A Soliz      DOB: 1/27/1982

## CHILD'S SERVICE PLAN Facility Review

### Service Plan Review

#### OVERVIEW:

##### A. General:

Date of Last Plan	This Plan Submitted for Approval	Date of Next Review
11/20/1996	11/20/1996	5/20/1997
Worker Who Completed Form Sandra L. Mcguire		

##### B. Current Placement

Residence Name	Living Arrangement	Type of Facility
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##### C. Long-Range Goal For Permanency

Permanency Goal APPLA: Foster Family, DFPS Conservatorship	
Projected Date for Achieving Permanency 11/30/1997	Estimated Length of Stay in Substitute Care one more year
If there is a discrepancy between the estimated length of stay in substitute care and the projected date of permanency, explain:	

##### D. Concurrent / Alternative Goal for Permanency

### PROGRESS IN ADDRESSING NEEDS & SERVICES SINCE LAST PLAN (Attach Facility Plan)

Case Name: Sol, Jonna S

Case #: 17020998

Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN Facility Review

### Placement Needs

#### *Type of Placement*

#### *Appropriateness and Safety of Placement*

Explain why the type of placement chosen continues to be appropriate. Address any issues such as need for placement with siblings which continue to be unmet.

This placement is appropriate because it meets Mark's needs by providing counseling, drug education, academic education and recreational activities in a therapeutic setting. Staff are also trained to handle Mark's aggressive and oppositional behaviors.

#### *Objectives of placement*

The objectives of this placement are to protect the child from abuse and neglect, and to provide the child with care that meets the child's needs for permanency, safety and well being. Additional objectives are:

#### *Visitation Summary*

#### *Culture Heritage*

### Permanency Needs

#### *Progress / Efforts Made Toward Permanency*

Describe 1) the progress made towards achieving the permanency planning goal during the last plan period, 2) the actions to be taken with the child's family to achieve the goal, 3) obstacles and actions to be taken to overcome them, 4) attempts to locate absent parents, identify possible relative placements or find possible guardian.

It had been hoped that Mark could be reunited with his mother, but, Ms. Soliz has made little progress on her service plan. She was admitted twice to an in-patient drug treatment program, but did not complete either program. She continues to live an unstable lifestyle, with no permanent place to live. She recently admitted she is still drinking alcohol and continues to be involved in a relationship with a man who physically abuses her. She seldom calls to check on Mark and has not visited him for many months.

Mark's father pays the state child support, but is not willing to have a relationship with his son. He has not seen Mark for many years.

There are no appropriate relatives who can care for Mark.

#### *ASFA requirement, if applicable*

### **Summary:**

#### Extent of Compliance (if a review):

#### Appropriateness of Services:

Describe extent to which services planned for or previously provided to the child, actually meet the child's needs.

The services documented in this plan are appropriate to meet Mark's needs. His physical, educational and medical needs are met daily by his caregivers. Mark's social, emotional and educational needs are met through interaction with his caregivers and by participation in school. He also receives individual and group therapy weekly.

#### Continuing Necessity for Placement:

Explain why the child continues to require placement.

Case Name: So	Jonna S
Case #:	17020998
Child's Name:	Mark A Soliz
DOB:	1/27/1982

### **CHILD'S SERVICE PLAN Facility Review**

Mark continues to require placement because his mother is a drug addict who is unable to care for him, and his father has refused to accept responsibility for his care. There are no appropriate relatives who can care for Mark.

#### **Emergency Conditions**

FPS has determined that one of the following emergency conditions continues to exist for this case and, therefore, services continue to be necessary:

1. A child is at risk of abuse or neglect, as determined by FPS;
2. A child has been removed from his/her home and placed in FPS care; or
3. A child formerly in FPS care is at-risk of being returned to FPS care.



Case Name: Sc Jonna S  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN Facility Review

### PLANS

#### Plans to Address Permanency

#### Services to Meet Child's Needs

<b>Need</b>	
<b>Task</b>	PSFC/Caregiver Service
<b>Time Frame</b>	Time Frame
<b>Method of Evaluation</b>	

#### Provision of Safe and Proper Care in Placement

#### Plans for Future Visitation

#### Plans for Preserving Child's Cultural Heritage

#### Supervision

#### Behavior Management (Discipline)

The child's discipline must suit the child's age, circumstances, and developmental needs. Methods of discipline may include: establishing routines, setting reasonable limits, modeling appropriate behavior, offering choices, giving explanations, repeating instructions, taking "time-out", enforcing or permitting logical or natural consequences, and reinforcing desired behavior. Physical punishment is not permitted. Additional strategies for managing the child's behavior are specified below.

#### Support Services to the Caregivers

Identify the support services to be provided to the caregiver to help them meet the child's needs and to ensure that the child receives safe and proper care. Include the planned frequency of worker visits to the child and to the caregiver's home.

Identify the support services to be provided to the caregiver to help them meet the child's needs. Include the planned frequency of worker visits to the child and to the foster home or group-care facility.

The caseworker will be available for phone consultation as needed. Caseworker will visit Mark monthly and will participate in staffings regarding Mark's treatment and progress.

#### Travel

The child may travel to participate in normal activities (examples: church, school events). Any trips that last more than 72 hours must be approved in advance by the child's worker. Trips outside the state must be approved in advance by the child's worker and by the court. Additional stipulations regarding the child's travel are specified below.

Case Name: SC Donna S

Case #: 17020998

Child's Name: Mark A Soliz DOB: 1/27/1982

### CHILD'S SERVICE PLAN Facility Review

#### INVITED PARTIES AND PARTICIPATION INFORMATION

NAME	RELATIONSHIP TO CASE	DATE OF NOTIFICATION	TYPE OF NOTIFICATION	DATE COPY GIVEN	DATE OF PARTICIPATION
Phil Brinkmeyer	Mark's therapist				

#### EXPLANATION IF NO PARTICIPATION BY CHILD, MOTHER, FATHER OR CAREGIVER

The plan was briefly discussed with Ms. Soliz on the phone 11-13-96. She agreed to meet with me the next day to discuss it further, but did not show up. Mr. Saenz has made it clear to the agency that he does not wish to be involved in any way, except to pay child support for Mark.

\_\_\_\_\_  
Signature-Worker\_\_\_\_\_  
Date\_\_\_\_\_  
Signature-Child (Optional)\_\_\_\_\_  
Date\_\_\_\_\_  
Signature-Supervisor\_\_\_\_\_  
Date\_\_\_\_\_  
Signature-Level One Child-Placing Staff  
(Required for initial placement only)\_\_\_\_\_  
Date\_\_\_\_\_  
Signature-Program Director  
(required for initial placement only)\_\_\_\_\_  
Date

Attach a copy of the following updated items to the plan shared with the caregiver, unless this information has already been provided or obtained by the caregiver:

- medical log
- education log
- medical/developmental history, and
- the record of immunizations

Case Name: Scott, Johnna S

Case #: 17020998

Child's Name: Mark A Soliz

DOB: 1/27/1982

## CHILD'S SERVICE PLAN Facility Review

### Service Plan Review

#### OVERVIEW:

##### A. General:

Date of Last Plan	This Plan Submitted for Approval	Date of Next Review
4/1/1997	4/1/1997	10/1/1997
Worker Who Completed Form		
Laura Flores		

##### B. Current Placement

Residence Name	Living Arrangement	Type of Facility
----------------	--------------------	------------------

##### C. Long-Range Goal For Permanency

Permanency Goal	
APPLA: Foster Family, DFPS Conservatorship	
Projected Date for Achieving Permanency	Estimated Length of Stay in Substitute Care
3/1/1998	one more year
If there is a discrepancy between the estimated length of stay in substitute care and the projected date of permanency, explain:	
none	

##### D. Concurrent / Alternative Goal for Permanency

### PROGRESS IN ADDRESSING NEEDS & SERVICES SINCE LAST PLAN (Attach Facility Plan)

Case Name: So. ,Jonna S
Case #: 17020998
Child's Name: Mark A Soliz      DOB: 1/27/1982

## CHILD'S SERVICE PLAN Facility Review

### Placement Needs

#### *Type of Placement*

#### *Appropriateness and Safety of Placement*

Explain why the type of placement chosen continues to be appropriate. Address any issues such as need for placement with siblings which continue to be unmet.

This placement is appropriate because it meets Mark's needs by providing counseling, drug education, academic education and recreational activities in a therapeutic setting. Staff are also trained to handle Mark's aggressive and oppositional behaviors.

#### *Objectives of placement*

The objectives of this placement are to protect the child from abuse and neglect, and to provide the child with care that meets the child's needs for permanency, safety and well being. Additional objectives are:

#### *Visitation Summary*

#### *Culture Heritage*

### Permanency Needs

#### *Progress / Efforts Made Toward Permanency*

Describe 1) the progress made towards achieving the permanency planning goal during the last plan period, 2) the actions to be taken with the child's family to achieve the goal, 3) obstacles and actions to be taken to overcome them, 4) attempts to locate absent parents, identify possible relative placements or find possible guardian.

It had been hoped that Mark could be reunited with his mother, but, Ms. Soliz has made little progress on her service plan. As stated in the previous plan Ms. Soliz was admitted twice to an in-patient drug treatment program, but did not complete either program. She continues to live an unstable lifestyle, with no permanent place to live. Ms. Soliz has admitted to previous caseworker that she is still drinking alcohol and continues to be involved in a relationship with a man who physically abuses her. Ms. Soliz has neither called or visited Mark since Christmas of 1996 despite his being in close proximity.

Mark's father is not willing to have a relationship with his son. He has not seen Mark for many years.

There are no appropriate relatives who can care for Mark.

#### *ASFA requirement, if applicable*

### **Summary:**

#### Extent of Compliance (if a review):

#### Appropriateness of Services:

Describe extent to which services planned for or previously provided to the child, actually meet the child's needs.

The services documented in this plan are appropriate to meet Mark's needs. His physical, educational and medical needs are met daily by his caregivers. Mark's social, emotional and educational needs are met through interaction with his caregivers and by participation in school. He also receives individual and group therapy.

#### Continuing Necessity for Placement:

Explain why the child continues to require placement.

Case Name: Sojourna S  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

### **CHILD'S SERVICE PLAN Facility Review**

Mark continues to require placement because his mother is a drug addict who is unable to care for him, and his father has refused to accept responsibility for his care. There are no appropriate relatives who can care for Mark.

#### **Emergency Conditions**

FPS has determined that one of the following emergency conditions continues to exist for this case and, therefore, services continue to be necessary:

1. A child is at risk of abuse or neglect, as determined by FPS;
2. A child has been removed from his/her home and placed in FPS care; or
3. A child formerly in FPS care is at-risk of being returned to FPS care.

Case Name: Se John S  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN Facility Review

### PLANS

Plans to Address Permanency

Services to Meet Child's Needs

Need	
Task	PSFC/Caregiver Service
Time Frame	Time Frame
Method of Evaluation	

Provision of Safe and Proper Care in Placement

Plans for Future Visitation

Plans for Preserving Child's Cultural Heritage

Supervision

#### Behavior Management (Discipline)

The child's discipline must suit the child's age, circumstances, and developmental needs. Methods of discipline may include: establishing routines, setting reasonable limits, modeling appropriate behavior, offering choices, giving explanations, repeating instructions, taking "time-out", enforcing or permitting logical or natural consequences, and reinforcing desired behavior. Physical punishment is not permitted. Additional strategies for managing the child's behavior are specified below.

#### Support Services to the Caregivers

Identify the support services to be provided to the caregiver to help them meet the child's needs and to ensure that the child receives safe and proper care. Include the planned frequency of worker visits to the child and to the caregiver's home.

Identify the support services to be provided to the caregiver to help them meet the child's needs. Include the planned frequency of worker visits to the child and to the foster home or group-care facility.

The caseworker will be available for phone consultation as needed. Caseworker will visit Mark monthly and will participate in staffings regarding Mark's treatment and progress.

#### Travel

The child may travel to participate in normal activities (examples: church, school events). Any trips that last more than 72 hours must be approved in advance by the child's worker. Trips outside the state must be approved in advance by the child's worker and by the court. Additional stipulations regarding the child's travel are specified below.

Case Name: Sr. Jonna S  
 Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

### CHILD'S SERVICE PLAN Facility Review

#### INVITED PARTIES AND PARTICIPATION INFORMATION

NAME	RELATIONSHIP TO CASE	DATE OF NOTIFICATION	TYPE OF NOTIFICATION	DATE COPY GIVEN	DATE OF PARTICIPATION
Billy Roberson	Program Director	3/21/1997	Verbal	4/21/1997	3/21/1997

#### EXPLANATION IF NO PARTICIPATION BY CHILD, MOTHER, FATHER OR CAREGIVER

The plan was briefly discussed with Ms. Soliz on the phone 03-18-97. Mr. Saenz has made it clear to the agency that he does not wish to be involved in any way, except to pay child support for Mark.

\_\_\_\_\_  
 Signature-Worker

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature-Child (Optional)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature-Supervisor

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature-Level One Child-Placing Staff  
 (Required for initial placement only)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature-Program Director  
 (required for initial placement only)

\_\_\_\_\_  
 Date

Attach a copy of the following updated items to the plan shared with the caregiver, unless this information has already been provided or obtained by the caregiver:

- medical log
- education log
- medical/developmental history, and
- the record of immunizations

Case Name: SC - Jonna S  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN Facility Review

### Service Plan Review

#### OVERVIEW:

##### A. General:

Date of Last Plan	This Plan Submitted for Approval	Date of Next Review
10/10/1997	10/10/1997	4/10/1998
Worker Who Completed Form		
Laura Flores		

##### B. Current Placement

Residence Name	Living Arrangement	Type of Facility
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##### C. Long-Range Goal For Permanency

Permanency Goal	
APPLA: Foster Family, DFPS Conservatorship	
Projected Date for Achieving Permanency	Estimated Length of Stay in Substitute Care
9/1/1998	one more year
If there is a discrepancy between the estimated length of stay in substitute care and the projected date of permanency, explain:	
none	

##### D. Concurrent / Alternative Goal for Permanency

### PROGRESS IN ADDRESSING NEEDS & SERVICES SINCE LAST PLAN (Attach Facility Plan)



## CHILD'S SERVICE PLAN Facility Review

### Placement Needs

#### *Type of Placement*

#### *Appropriateness and Safety of Placement*

Explain why the type of placement chosen continues to be appropriate. Address any issues such as need for placement with siblings which continue to be unmet.

This placement is appropriate because it meets Mark's needs by providing counseling, drug education, academic education, and recreational activities in a therapeutic setting. Staff are also trained to handle Mark's aggressive and oppositional behaviors. Staff can provide structure and support and assist in job training programs and eventually prepare Mark for independent living.

#### *Objectives of placement*

The objectives of this placement are to protect the child from abuse and neglect, and to provide the child with care that meets the child's needs for permanency, safety and well being. Additional objectives are:

#### *Visitation Summary*

#### *Culture Heritage*

### Permanency Needs

#### *Progress / Efforts Made Toward Permanency*

Describe 1) the progress made towards achieving the permanency planning goal during the last plan period, 2) the actions to be taken with the child's family to achieve the goal, 3) obstacles and actions to be taken to overcome them, 4) attempts to locate absent parents, identify possible relative placements or find possible guardian.

It had been hoped that Mark could be reunited with his mother, however, this will not be the case since Ms. Soliz made no progress on her service plan. On 09-23-97 TDPRS was awarded PMC of Mark. Ms. Donna Soliz did not attend the hearing and Mr. Raul Saenz clearly stated that he cannot and does not wish to have a relationship with Mark. Mark will continue to stay at Azleway Boy's Ranch until the terms of his probation end in June of 1998 at which time preparing Mark for independent living would be appropriate and necessary.

There are no appropriate relatives who can care for Mark.

#### *ASFA requirement, if applicable*

### **Summary:**

#### Extent of Compliance (if a review):

#### Appropriateness of Services:

Describe extent to which services planned for or previously provided to the child, actually meet the child's needs.

The services documented in this plan are appropriate to meet Mark's needs. His physical, educational, and medical needs are met daily by his caregivers. Mark's social, emotional and educational needs are met through interaction with his caregivers and by participation in school. Mark also receives individual therapy sessions and group therapy.

#### Continuing Necessity for Placement:

Explain why the child continues to require placement.

Mark continues to require placement because on 09-23-97 TDPRS was appointed PMC. Mark also continues to

Case Name: St. Donna S  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

### **CHILD'S SERVICE PLAN Facility Review**

display inappropriate behaviors such as physical aggression, poor staff relations, poor peer relations, tobacco use, excessive use of profanity, and theft.

#### **Emergency Conditions**

FPS has determined that one of the following emergency conditions continues to exist for this case and, therefore, services continue to be necessary:

1. A child is at risk of abuse or neglect, as determined by FPS;
2. A child has been removed from his/her home and placed in FPS care; or
3. A child formerly in FPS care is at-risk of being returned to FPS care.

Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN Facility Review

### PLANS

#### Plans to Address Permanency

#### Services to Meet Child's Needs

<b>Need</b>	Social and Emotional Needs	
<b>Task</b>		<b>PSFC/Caregiver Service</b>
Other-Meets with Probation Officer David Reed to satisfy terms of probation		Other-Meets with Probation Officer David Reed to satisfy terms of probation
<b>Time Frame</b>		<b>Time Frame</b>
Monthly		Until June of 1998
<b>Method of Evaluation</b>		
Face to Face Visits and Telephone calls with PO and staff at Azleway		

#### Provision of Safe and Proper Care in Placement

#### Plans for Future Visitation

#### Plans for Preserving Child's Cultural Heritage

#### Supervision

#### Behavior Management (Discipline)

The child's discipline must suit the child's age, circumstances, and developmental needs. Methods of discipline may include: establishing routines, setting reasonable limits, modeling appropriate behavior, offering choices, giving explanations, repeating instructions, taking "time-out", enforcing or permitting logical or natural consequences, and reinforcing desired behavior. Physical punishment is not permitted. Additional strategies for managing the child's behavior are specified below.

#### Support Services to the Caregivers

Identify the support services to be provided to the caregiver to help them meet the child's needs and to ensure that the child receives safe and proper care. Include the planned frequency of worker visits to the child and to the caregiver's home.

Identify the support services to be provided to the caregiver to help them meet the child's needs. Include the planned frequency of worker visits to the child and to the foster home or group-care facility.

The caseworker will be available for phone consultation as needed. Caseworker will visit Mark quarterly or on an as needed basis and will participate in staffings regarding Mark's treatment and progress. Azleway also has been providing caseworker with daily and weekly behavior and education logs on Mark for my review and in put.

#### Travel

The child may travel to participate in normal activities (examples: church, school events). Any trips that last more than 72 hours must be approved in advance by the child's worker. Trips outside the state must be approved in advance by the child's worker and by the court. Additional stipulations regarding the child's travel are specified below.

Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN Facility Review

### INVITED PARTIES AND PARTICIPATION INFORMATION

NAME	RELATIONSHIP TO CASE	DATE OF NOTIFICATION	TYPE OF NOTIFICATION	DATE COPY GIVEN	DATE OF PARTICIPATION
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### EXPLANATION IF NO PARTICIPATION BY CHILD, MOTHER, FATHER OR CAREGIVER

On 09-23-97 CPS was granted PMC of Mark. MO did not attend the hearing and Mr. Saenz has made it clear to the agency that he does not wish to be involved in any way, except to pay child support for Mark.

Signature-Worker	Date	Signature-Child (Optional)	Date
Signature-Supervisor	Date	Signature-Level One Child-Placing Staff (Required for initial placement only)	Date
Signature-Program Director (required for initial placement only)	Date		

Attach a copy of the following updated items to the plan shared with the caregiver, unless this information has already been provided or obtained by the caregiver:

- medical log
- education log
- medical/developmental history, and
- the record of immunizations

Case Name: Seanna S  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN Facility Review

### Service Plan Review

#### OVERVIEW:

##### A. General:

Date of Last Plan	This Plan Submitted for Approval	Date of Next Review
1/22/1998	1/22/1998	7/22/1998
Worker Who Completed Form		
Laura Flores		

##### B. Current Placement

Residence Name	Living Arrangement	Type of Facility
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##### C. Long-Range Goal For Permanency

Permanency Goal	
APPLA: Foster Family, DFPS Conservatorship	
Projected Date for Achieving Permanency	Estimated Length of Stay in Substitute Care
9/1/1998	one more year
If there is a discrepancy between the estimated length of stay in substitute care and the projected date of permanency, explain:	
none	

##### D. Concurrent / Alternative Goal for Permanency

#### PROGRESS IN ADDRESSING NEEDS & SERVICES SINCE LAST PLAN (Attach Facility Plan)

Case Name: Soliz, Donna S
Case #: 17020998
Child's Name: Mark A Soliz      DOB: 1/27/1982

## CHILD'S SERVICE PLAN Facility Review

### Placement Needs

#### *Type of Placement*

#### *Appropriateness and Safety of Placement*

Explain why the type of placement chosen continues to be appropriate. Address any issues such as need for placement with siblings which continue to be unmet.

This placement is appropriate because it meets Mark's needs by providing counseling, drug education, academic education, and recreational activities in a therapeutic setting. Staff are also trained to handle Mark's aggressive and oppositional behaviors. Staff can provide structure and support and assist in job training programs and eventually prepare Mark for independent living.

#### *Objectives of placement*

The objectives of this placement are to protect the child from abuse and neglect, and to provide the child with care that meets the child's needs for permanency, safety and well being. Additional objectives are:

#### *Visitation Summary*

#### *Culture Heritage*

### Permanency Needs

#### *Progress / Efforts Made Toward Permanency*

Describe 1) the progress made towards achieving the permanency planning goal during the last plan period, 2) the actions to be taken with the child's family to achieve the goal, 3) obstacles and actions to be taken to overcome them, 4) attempts to locate absent parents, identify possible relative placements or find possible guardian.

It had been hoped that Mark could be reunited with his mother, however, this will not be the case since Ms. Soliz made no progress on her service plan. On 09-23-97 TDPRS was awarded PMC of Mark. Ms. Donna Soliz did not attend the hearing and Mr. Raul Saenz clearly stated that he cannot and does not wish to have a relationship with Mark. Mark was placed at Desert Hills of Texas RTC on 12-05-97 after being discharged from Azleway in October of 1997 and Choices in November of 1997. Mark will remain at Desert Hills and preparing Mark for independent living appears to be appropriate and necessary.

There are no appropriate relatives who can care for Mark.

#### *ASFA requirement, if applicable*

### **Summary:**

#### Extent of Compliance (if a review):

#### Appropriateness of Services:

Describe extent to which services planned for or previously provided to the child, actually meet the child's needs.

The services documented in this plan are appropriate to meet Mark's needs. His physical, educational, and medical needs are met daily by his caregivers. Mark's social, emotional and educational needs are met through interaction with his caregivers and by participation in school. Mark also receives individual therapy sessions and group therapy.

#### Continuing Necessity for Placement:

Explain why the child continues to require placement.

Case Name: SC Donna S  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

### **CHILD'S SERVICE PLAN Facility Review**

Mark continues to require placement because on 09-23-97 TDPRS was appointed PMC. Mark also continues to display inappropriate behaviors such as physical aggression, poor staff relations, poor peer relations, tobacco use, excessive use of profanity, and theft.

#### **Emergency Conditions**

FPS has determined that one of the following emergency conditions continues to exist for this case and, therefore, services continue to be necessary:

1. A child is at risk of abuse or neglect, as determined by FPS;
2. A child has been removed from his/her home and placed in FPS care; or
3. A child formerly in FPS care is at-risk of being returned to FPS care.

Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN Facility Review

### PLANS

#### Plans to Address Permanency

#### Services to Meet Child's Needs

Need	Therapeutic Needs/Family Needs	PSFC/Caregiver Service
Task	Mark Soliz will participate in family and sibling visits when appropriate.	CPS/Laura A. Flores will arrange family/sibling visitation.
Time Frame	Unspecified	Time Frame When appropriate and available
Method of Evaluation		

Need	Therapeutic Needs/Family Needs	PSFC/Caregiver Service
Task	Mark Soliz will participate in family and sibling visits.	CPS/Laura A. Flores will provide transportation for the family visits.
Time Frame	Unspecified	Time Frame When necessary/applicable
Method of Evaluation		

#### Provision of Safe and Proper Care in Placement

#### Plans for Future Visitation

#### Plans for Preserving Child's Cultural Heritage

#### Supervision

#### Behavior Management (Discipline)

The child's discipline must suit the child's age, circumstances, and developmental needs. Methods of discipline may include: establishing routines, setting reasonable limits, modeling appropriate behavior, offering choices, giving explanations, repeating instructions, taking "time-out", enforcing or permitting logical or natural consequences, and reinforcing desired behavior. Physical punishment is not permitted. Additional strategies for managing the child's behavior are specified below.

#### Support Services to the Caregivers

Identify the support services to be provided to the caregiver to help them meet the child's needs and to ensure that the child receives safe and proper care. Include the planned frequency of worker visits to the child and to the caregiver's home.

Identify the support services to be provided to the caregiver to help them meet the child's needs. Include the planned frequency of worker visits to the child and to the foster home or group-care facility.

The caseworker will be available for phone consultation as needed. Caseworker will visit Mark quarterly or on an as needed basis and will participate in staffings regarding Mark's treatment and progress. Azleway also has been providing caseworker with weekly and monthly behavior and education logs on Mark for my review and input.



Case Name: Se. Jonna S

Case #: 17020998

Child's Name: Mark A Soliz DOB: 1/27/1982

### **CHILD'S SERVICE PLAN Facility Review**

#### Travel

The child may travel to participate in normal activities (examples: church, school events). Any trips that last more than 72 hours must be approved in advance by the child's worker. Trips outside the state must be approved in advance by the child's worker and by the court. Additional stipulations regarding the child's travel are specified below.

Case Name: Se Jorma S  
 Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN Facility Review

### INVITED PARTIES AND PARTICIPATION INFORMATION

NAME	RELATIONSHIP TO CASE	DATE OF NOTIFICATION	TYPE OF NOTIFICATION	DATE COPY GIVEN	DATE OF PARTICIPATION
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### EXPLANATION IF NO PARTICIPATION BY CHILD, MOTHER, FATHER OR CAREGIVER

On 09-23-97 CPS was granted PMC of Mark. MO did not attend the hearing and Mr. Saenz has made it clear to the agency that he does not wish to be involved in any way, except to pay child support for Mark.

Signature-Worker	Date	Signature-Child (Optional)	Date

Signature-Supervisor	Date	Signature-Level One Child-Placing Staff (Required for initial placement only)	Date

Signature-Program Director (required for initial placement only)	Date

Attach a copy of the following updated items to the plan shared with the caregiver, unless this information has already been provided or obtained by the caregiver:

- medical log
- education log
- medical/developmental history, and
- the record of immunizations

Case #: 17020998

Child's Name: Mark A Soliz DOB: 1/27/1982

# **CHILD'S SERVICE PLAN** **Facility Review with PAL Asmt**

## **Service Plan Review**

### OVERVIEW:

#### A. General:

Date of Last Plan	This Plan Submitted for Approval	Date of Next Review
2/9/1998	2/9/1998	8/9/1998
Worker Who Completed Form		
Laura Flores		

#### B. Current Placement

Residence Name	Living Arrangement	Type of Facility
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#### C. Long-Range Goal For Permanency

Permanency Goal	
APPLA: Independent Living	
Projected Date for Achieving Permanency	Estimated Length of Stay in Substitute Care
1/27/2000	two years
If there is a discrepancy between the estimated length of stay in substitute care and the projected date of permanency, explain:	
none	

#### D. Concurrent / Alternative Goal for Permanency

### **PROGRESS IN ADDRESSING NEEDS & SERVICES SINCE LAST PLAN** (Attach Facility Plan)

Case Name: SC Jenna S
Case #: 17020998
Child's Name: Mark A Soliz      DOB: 1/27/1982

## CHILD'S SERVICE PLAN Facility Review with PAL Asmt

### Preparation for Independent Living Needs

#### PAL Needs

Mark Soliz has recently turned 16 years of age and has been referred to CPS PAL Program.

### Post- Discharge Objectives

Mark Soliz' case will be referred to IPS to possibly locate an aging out guardian.

### Placement Needs

#### Type of Placement

#### Appropriateness and Safety of Placement

Explain why the type of placement chosen continues to be appropriate. Address any issues such as need for placement with siblings which continue to be unmet.

This placement is appropriate because it meets Mark's needs by providing counseling, drug education, academic education, and recreational activities in a therapeutic setting. Staff are also trained to handle Mark's aggressive and oppositional behaviors. Staff can provide structure and support and assist in job training programs and prepare Mark for independent living.

#### Objectives of placement

The objectives of this placement are to protect the child from abuse and neglect, and to provide the child with care that meets the child's needs for permanency, safety and well being. Additional objectives are:

#### Visitation Summary

#### Culture Heritage

### Permanency Needs

#### Progress / Efforts Made Toward Permanency

Describe 1) the progress made towards achieving the permanency planning goal during the last plan period, 2) the actions to be taken with the child's family to achieve the goal, 3) obstacles and actions to be taken to overcome them, 4) attempts to locate absent parents, identify possible relative placements or find possible guardian.

It had been hoped that Mark could be reunited with his mother, however, this will not be the case since Ms. Soliz made no progress on her service plan. On 09-23-97 TDPRS was awarded PMC of Mark. Ms. Donna Soliz did not attend the hearing and Mr. Raul Saenz clearly stated that he cannot and does not wish to have a relationship with Mark. Mark was placed at Desert Hills of Texas RTC on 12-05-97 after being discharged from Azleway in October of 1997 and Choices in November of 1997. Mark will remain at Desert Hills and preparing Mark for independent living appears to be appropriate and necessary.

There are no appropriate relatives who can care for Mark and meet his needs adequately.

#### ASFA requirement, if applicable

### Summary:

#### Extent of Compliance (if a review):

#### Appropriateness of Services:

Describe extent to which services planned for or previously provided to the child, actually meet the child's needs.

Case Name: Saenz, Jonathan
Case #: 17020998
Child's Name: Mark A Soliz      DOB: 1/27/1982

## CHILD'S SERVICE PLAN

### Facility Review with PAL Asmt

The services documented in this plan are appropriate to meet Mark's needs. His physical, educational, and medical needs are met daily by his caregivers. Mark's social, emotional and educational needs are met through interaction with his caregivers and by participation in school. Mark also receives individual therapy sessions and group therapy. In preparation for Mark aging out of care an independent living program will be implemented to prepare Mark for adulthood.

#### Continuing Necessity for Placement:

Explain why the child continues to require placement.

Mark continues to require placement because on 09-23-97 TDPRS was appointed PMC. Ms. Soliz has had no contact with this worker since prior to the hearing. Mr. Saenz does not want any involvement with Mark except for paying child support. Mark also continues to display inappropriate behaviors such as physical aggression, poor staff relations, poor peer relations, tobacco use, excessive use of profanity, and theft. Mark has recently turned 16 years of age and will need to participate in an independent living program.

#### **Emergency Conditions**

FPS has determined that one of the following emergency conditions continues to exist for this case and, therefore, services continue to be necessary:

1. A child is at risk of abuse or neglect, as determined by FPS;
2. A child has been removed from his/her home and placed in FPS care; or
3. A child formerly in FPS care is at-risk of being returned to FPS care.

Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

### CHILD'S SERVICE PLAN Facility Review with PAL Asmt

#### PLANS

##### Plans to Address Permanency

##### Services to Meet Child's Needs

<b>Need</b>	Therapeutic Needs/Family Needs
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in family and sibling visits when appropriate.	CPS/Laura A. Flores will arrange family/sibling visitation.
<b>Time Frame</b>	<b>Time Frame</b>
Unspecified	When appropriate and avai
<b>Method of Evaluation</b>	

<b>Need</b>	Therapeutic Needs/Family Needs
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in family and sibling visits.	CPS/Laura A. Flores will provide transportation for the family visits.
<b>Time Frame</b>	<b>Time Frame</b>
Unspecified	When necessary/applicable
<b>Method of Evaluation</b>	

<b>Need</b>	Social and Emotional Needs
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will be provided structure.	Desert Hills of Texas will provide Mark Soliz with structured environment/routine to meet Mark's needs.
<b>Time Frame</b>	<b>Time Frame</b>
02-98 to 01-00	02-98 to 01-00
<b>Method of Evaluation</b>	
Telephone contact and visits with Mark and caregivers	

<b>Need</b>	Social and Emotional Needs
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will be able to talk about birth family.	Desert Hills of Texas will allow Mark Soliz to talk about his/her family without criticizing the family.
<b>Time Frame</b>	<b>Time Frame</b>
02-98 to 01-00	02-98 to -01-00
<b>Method of Evaluation</b>	
Telephone contacts and visits with Mark and staff at Desert Hills	

<b>Need</b>	Educational Needs
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Desert Hills of Texas will keep CPS informed of Mark Soliz' progress or needs.	Desert Hills of Texas will provide CPS worker with copies of reports, i.e. school, medical, etc.

Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

### CHILD'S SERVICE PLAN Facility Review with PAL Asmt

<b>Time Frame</b>	<b>Time Frame</b>
Until graduation or equiva	Until graduation or equiv
<b>Method of Evaluation</b>	
Telephone contacts with facility	

<b>Need</b> Educational Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in vocational counseling.	Desert Hills of Texas will encourage Mark Soliz) to talk with vocational counselor.
<b>Time Frame</b>	<b>Time Frame</b>
02-98 to 01-00	02-98 to 01-00
<b>Method of Evaluation</b>	
Telephone contact with staff at Desert Hills	

<b>Need</b> Educational Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Caregiver and Mark Soliz will attend conferences and ARD meetings.	CPS/Laura Flores and Desert Hills Staff will attend parent/teacher conferences to monitor Mark's progress in school.
<b>Time Frame</b>	<b>Time Frame</b>
02-98 to -01-00	02-98 to 01-00
<b>Method of Evaluation</b>	
Telephone calls to Desert Hills staff and Mark and attend ARD Meetings	

<b>Need</b> Educational Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will attend school regularly.	Desert Hills will monitor Mark's school attendance and will provide transportation if needed.
<b>Time Frame</b>	<b>Time Frame</b>
Until graduation or equiv	Until Graduation or equiv
<b>Method of Evaluation</b>	
Discussion with Mark and Desert Hills Staff	

<b>Need</b> Medical/Dental Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will be scheduled for follow up medical appointments including medication reviews.	CPS /Desert Hills of Texas will schedule appointments.
<b>Time Frame</b>	<b>Time Frame</b>
02-98 to 01-00	02-98 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark, Desert Hills, and medical staff	

<b>Need</b> Social and Emotional Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in therapy.	Desert Hills of Texas will suggest acceptable behaviors

Case Name: Soliz, Jonathan S  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

### CHILD'S SERVICE PLAN Facility Review with PAL Asmt

	to Mark Soliz to substitute for unacceptable behaviors.
<b>Time Frame</b>	<b>Time Frame</b>
02-98 to 01-00	02-98 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark, Desert Hills Staff and Therapist	

<b>Need</b> Social and Emotional Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in group therapy sessions to help reduce acting out behavior.	CPS/Desert Hills of Texas will arrange for group therapy sessions.
<b>Time Frame</b>	<b>Time Frame</b>
02-98 to 01-00	02-98 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark, Desert Hills Staff and Therapist	

<b>Need</b> Social and Emotional Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will learn to accept the logical consequences of inappropriate behavior.	Desert Hills of Texas will provide feedback regarding consequences of Mark's behavior.
<b>Time Frame</b>	<b>Time Frame</b>
02-98 to 01-00	02-98 to 01-00
<b>Method of Evaluation</b>	
Discussion with Desert Hills Staff and Mark	

<b>Need</b> Therapeutic/Recreational Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in recreational activities such as watching television, board games, computer games, etc when appropriate.	CPS/Desert Hills staff will provide games, movies, etc. for recreational activities when appropriate.
<b>Time Frame</b>	<b>Time Frame</b>
02-98 to 01-00	02-98 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark and Desert Hills Staff	

<b>Need</b> PAL Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in educational/vocational training.	Worker will discuss progress with Mark Soliz.
<b>Time Frame</b>	<b>Time Frame</b>
02-98 to 01-00	02-98 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark and Desert Hills Staff	

Provision of Safe and Proper Care in Placement



Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

## **CHILD'S SERVICE PLAN Facility Review with PAL Asmt**

### Plans for Future Visitation

### Plans for Preserving Child's Cultural Heritage

### Supervision

#### Behavior Management (Discipline)

The child's discipline must suit the child's age, circumstances, and developmental needs. Methods of discipline may include: establishing routines, setting reasonable limits, modeling appropriate behavior, offering choices, giving explanations, repeating instructions, taking "time-out", enforcing or permitting logical or natural consequences, and reinforcing desired behavior. Physical punishment is not permitted. Additional strategies for managing the child's behavior are specified below.

#### Support Services to the Caregivers

Identify the support services to be provided to the caregiver to help them meet the child's needs and to ensure that the child receives safe and proper care. Include the planned frequency of worker visits to the child and to the caregiver's home.

Identify the support services to be provided to the caregiver to help them meet the child's needs. Include the planned frequency of worker visits to the child and to the foster home or group-care facility.

The caseworker will be available for phone consultation as needed. Caseworker will visit Mark quarterly or on an as needed basis and will participate in staffings regarding Mark's treatment and progress. Desert Hills of Texas also has been providing caseworker with weekly and monthly behavior and education logs on Mark for my review and in put.

### Travel

The child may travel to participate in normal activities (examples: church, school events). Any trips that last more than 72 hours must be approved in advance by the child's worker. Trips outside the state must be approved in advance by the child's worker and by the court. Additional stipulations regarding the child's travel are specified below.

Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

### CHILD'S SERVICE PLAN Facility Review with PAL Asmt

#### INVITED PARTIES AND PARTICIPATION INFORMATION

NAME	RELATIONSHIP TO CASE	DATE OF NOTIFICATION	TYPE OF NOTIFICATION	DATE COPY GIVEN	DATE OF PARTICIPATION
Soliz, Mark A	Self	1/27/1998	Verbal	2/9/1998	1/27/1998
Amy Bloustine	Facility Casemanager	1/27/1998	Written	2/9/1998	1/27/1998
Soliz, Donna S	Other	2/9/1998	Written	2/9/1998	

#### EXPLANATION IF NO PARTICIPATION BY CHILD, MOTHER, FATHER OR CAREGIVER

On 09-23-97 TDPRS was granted PMC of Mark. Ms. Soliz did not attend the hearing and has had no contact with this worker since prior to the hearing. Mr. Saenz has made it clear to the agency that he does not wish to be involved in any way, except to pay child support for Mark.

\_\_\_\_\_  
 Signature-Worker Date Signature-Child (Optional) Date

\_\_\_\_\_  
 Signature-Supervisor Date Signature-Level One Child-Placing Staff  
 (Required for initial placement only) Date

\_\_\_\_\_  
 Signature-Program Director Date  
 (required for initial placement only)

Attach a copy of the following updated items to the plan shared with the caregiver, unless this information has already been provided or obtained by the caregiver:

- medical log
- education log
- medical/developmental history, and
- the record of immunizations

Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

**CHILD'S SERVICE PLAN**  
**Facility Review with PAL Asmt**

**Service Plan Review**

**OVERVIEW:**

**A. General:**

Date of Last Plan	This Plan Submitted for Approval	Date of Next Review
7/6/1998	7/6/1998	1/6/1999
Worker Who Completed Form		
Laura Flores		

**B. Current Placement**

Residence Name	Living Arrangement	Type of Facility
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**C. Long-Range Goal For Permanency**

Permanency Goal	
APPLA: Independent Living	
Projected Date for Achieving Permanency	Estimated Length of Stay in Substitute Care
1/27/2000	1 1/2 years
If there is a discrepancy between the estimated length of stay in substitute care and the projected date of permanency, explain:	
none	

**D. Concurrent / Alternative Goal for Permanency**

**PROGRESS IN ADDRESSING NEEDS & SERVICES SINCE LAST PLAN**  
 (Attach Facility Plan)

Case Name: So - Janna S
Case #: 17020998
Child's Name: Mark A Soliz      DOB: 1/27/1982

## CHILD'S SERVICE PLAN Facility Review with PAL Asmt

### Preparation for Independent Living Needs

#### *PAL Needs*

An independent living program has been implemented for Mark. Mark has taken the Life Skills Assessment. Mark needs improvement in Money Management/Consumer Awareness, Transportation, and Job Seeking Skills.

Mark has had one home visit this year. Future home visit will be a necessity to transition Mark to age out of care.

#### *Post- Discharge Objectives*

Mark Soliz' case will be referred to IPS to possibly locate an aging out guardian. Mark will more than like return home and reside with his Aunt Sharon Rangle. Mark has expressed an interest in continuing his education, possibly attending technical school for computer programming.

### Placement Needs

#### *Type of Placement*

#### *Appropriateness and Safety of Placement*

Explain why the type of placement chosen continues to be appropriate. Address any issues such as need for placement with siblings which continue to be unmet.

Mark has been enrolled in the PAL Program through Texas A & M University. The facility has been able to meet Mark's basic needs but there is some question as to how well the therapeutic aspect of the program is going. The facility was investigated due to Mark being assaulted by a staff member, who has since been terminated from employment. Mark has made minimal progress in the Desert Hills Program and has once again been placed on medications.

Mark will more than likely be aging out of our care and will need an aging out guardian. Home visits with family is necessary to re-establish a relationship between Mark and his family. I have experienced resistance from Desert Hills regarding home visit and even off campus visits with myself. Pending a psychological evaluation another facility would better meet Mark's therapeutic need.

#### *Objectives of placement*

The objectives of this placement are to protect the child from abuse and neglect, and to provide the child with care that meets the child's needs for permanency, safety and well being. Additional objectives are:

#### *Visitation Summary*

#### *Culture Heritage*

### Permanency Needs

#### *Progress / Efforts Made Toward Permanency*

Describe 1) the progress made towards achieving the permanency planning goal during the last plan period, 2) the actions to be taken with the child's family to achieve the goal, 3) obstacles and actions to be taken to overcome them, 4) attempts to locate absent parents, identify possible relative placements or find possible guardian.

It had been hoped that Mark could be reunited with his mother, however, this will not be the case since Ms. Soliz made no progress on her service plan. On 09-23-97 TDPRS was awarded PMC of Mark. Ms. Donna Soliz did not attend the hearing and Mr. Raul Saenz clearly stated that he cannot and does not wish to have a relationship with Mark. Mark was placed at Desert Hills of Texas RTC on 12-05-97 after being discharged from Azleway in October of 1997 and Choices in November of 1997. Independent living appears to be appropriate and necessary.

Case Name: Soliz, Mark A
Case #: 17020998
Child's Name: Mark A Soliz      DOB: 1/27/1982

## CHILD'S SERVICE PLAN

### Facility Review with PAL Asmt

Mark has begun to prepare for independent living at Desert Hills

There are no relatives who are willing to care for Mark.

*ASFA requirement, if applicable*

#### **Summary:**

##### Extent of Compliance (if a review):

##### Appropriateness of Services:

Describe extent to which services planned for or previously provided to the child, actually meet the child's needs.

The services documented in this plan are appropriate to meet Mark's needs. His physical, educational, and medical needs are met daily by his caregivers. Mark's social, emotional and educational needs are met through interaction with his caregivers and by participation in school. Mark is currently on medication to meet his therapeutic needs. An independent living program has been implemented to prepare Mark for adulthood.

##### Continuing Necessity for Placement:

Explain why the child continues to require placement.

Mark continues to require placement because on 09-23-97 TDPRS was appointed PMC. Ms. Soliz has had no contact with this worker since prior to the hearing. Mr. Saenz does not want any involvement with Mark except for paying child support. Mark also continues to display inappropriate behaviors such as physical aggression, poor staff relations, poor peer relations, tobacco use, and excessive use of profanity. Mark has turned 16 years of age and has begun to participate in an independent living program at Desert Hills RTC through Texas A & M.

#### **Emergency Conditions**

FPS has determined that one of the following emergency conditions continues to exist for this case and, therefore, services continue to be necessary:

1. A child is at risk of abuse or neglect, as determined by FPS;
2. A child has been removed from his/her home and placed in FPS care; or
3. A child formerly in FPS care is at-risk of being returned to FPS care.

Case Name: Soliz, Janna S  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN

### Facility Review with PAL Asmt

#### PLANS

##### Plans to Address Permanency

##### Services to Meet Child's Needs

<b>Need</b>	Therapeutic Needs/Family Needs
<b>Task</b>	PSFC/Caregiver Service
Mark Soliz will participate in family and sibling visits when appropriate.	CPS/Laura A. Flores will arrange family/sibling visitation.
<b>Time Frame</b>	Time Frame
Unspecified	When appropriate and avai
<b>Method of Evaluation</b>	

<b>Need</b>	Therapeutic Needs/Family Needs
<b>Task</b>	PSFC/Caregiver Service
Mark Soliz will participate in family and sibling visits.	CPS/Laura A. Flores will provide transportation for the family visits.
<b>Time Frame</b>	Time Frame
Unspecified	When necessary/applicable
<b>Method of Evaluation</b>	

<b>Need</b>	Social and Emotional Needs
<b>Task</b>	PSFC/Caregiver Service
Mark Soliz will be provided structure.	Desert Hills of Texas will provide Mark Soliz with structured environment/routine to meet Mark's needs.
<b>Time Frame</b>	Time Frame
02-98 to 01-00	02-98 to 01-00
<b>Method of Evaluation</b>	
Telephone contact and visits with Mark and caregivers	

<b>Need</b>	Social and Emotional Needs
<b>Task</b>	PSFC/Caregiver Service
Mark Soliz will be able to talk about birth family.	Desert Hills of Texas will allow Mark Soliz to talk about his/her family without criticizing the family.
<b>Time Frame</b>	Time Frame
02-98 to 01-00	02-98 to -01-00
<b>Method of Evaluation</b>	
Telephone contacts and visits with Mark and staff at Desert Hills	

<b>Need</b>	Educational Needs
<b>Task</b>	PSFC/Caregiver Service
Desert Hills of Texas will keep CPS informed of Mark Soliz' progress or needs.	Desert Hillsof Texas will provide CPS worker with copies of reports, i.e. school, medical, etc.

Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

### CHILD'S SERVICE PLAN Facility Review with PAL Asmt

<b>Time Frame</b>	<b>Time Frame</b>
Until graduation or equivalent	Until graduation or equivalent
<b>Method of Evaluation</b>	
Telephone contacts with facility	

<b>Need</b> Educational Needs	<b>PSFC/Caregiver Service</b>
<b>Task</b> Mark Soliz will participate in vocational counseling.	Desert Hills of Texas will encourage Mark Soliz to talk with vocational counselor.
<b>Time Frame</b> 02-98 to 01-00	<b>Time Frame</b> 02-98 to 01-00
<b>Method of Evaluation</b> Telephone contact with staff at Desert Hills	

<b>Need</b> Educational Needs	<b>PSFC/Caregiver Service</b>
<b>Task</b> Caregiver and Mark Soliz will attend conferences and ARD meetings.	CPS/Laura Flores and Desert Hills Staff will attend parent/teacher conferences to monitor Mark's progress in school.
<b>Time Frame</b> 02-98 to 01-00	<b>Time Frame</b> 02-98 to 01-00
<b>Method of Evaluation</b> Telephone calls to Desert Hills staff and Mark and attend ARD Meetings	

<b>Need</b> Educational Needs	<b>PSFC/Caregiver Service</b>
<b>Task</b> Mark Soliz will attend school regularly.	Desert Hills will monitor Mark's school attendance and will provide transportation if needed.
<b>Time Frame</b> Until graduation or equivalent	<b>Time Frame</b> Until Graduation or equivalent
<b>Method of Evaluation</b> Discussion with Mark and Desert Hills Staff	

<b>Need</b> Medical/Dental Needs	<b>PSFC/Caregiver Service</b>
<b>Task</b> Mark Soliz will be scheduled for follow up medical appointments including medication reviews.	CPS /Desert Hills of Texas will schedule appointments.
<b>Time Frame</b> 02-98 to 01-00	<b>Time Frame</b> 02-98 to 01-00
<b>Method of Evaluation</b> Discussion with Mark, Desert Hills, and medical staff	

<b>Need</b> Social and Emotional Needs	<b>PSFC/Caregiver Service</b>
<b>Task</b> Mark Soliz will participate in therapy.	Desert Hills of Texas will suggest acceptable behaviors

Case Name: Soliz, Mark A  
 Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

### CHILD'S SERVICE PLAN Facility Review with PAL Asmt

	to Mark Soliz to substitute for unacceptable behaviors.
<b>Time Frame</b>	<b>Time Frame</b>
02-98 to 01-00	02-98 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark, Desert Hills Staff and Therapist	

<b>Need</b> Social and Emotional Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in group therapy sessions to help reduce acting out behavior.	CPS/Desert Hills of Texas will arrange for group therapy sessions.
<b>Time Frame</b>	<b>Time Frame</b>
02-98 to 01-00	02-98 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark, Desert Hills Staff and Therapist	

<b>Need</b> Social and Emotional Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will learn to accept the logical consequences of inappropriate behavior.	Desert Hills of Texas will provide feedback regarding consequences of Mark's behavior.
<b>Time Frame</b>	<b>Time Frame</b>
02-98 to 01-00	02-98 to 01-00
<b>Method of Evaluation</b>	
Discussion with Desert Hills Staff and Mark	

<b>Need</b> Therapeutic/Recreational Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in recreational activities such as watching television, board games, computer games, etc when appropriate.	CPS/Desert Hills staff will provide games, movies, etc. for recreational activities when appropriate.
<b>Time Frame</b>	<b>Time Frame</b>
02-98 to 01-00	02-98 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark and Desert Hills Staff	

<b>Need</b> PAL Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in educational/vocational training.	Worker will discuss progress with Mark Soliz.
<b>Time Frame</b>	<b>Time Frame</b>
02-98 to 01-00	02-98 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark and Desert Hills Staff	

<b>Need</b> PAL Needs
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Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

### CHILD'S SERVICE PLAN Facility Review with PAL Asmt

<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark will participate in money management classes or training.	CPS will discuss progress with Mark.
<b>Time Frame</b>	<b>Time Frame</b>
07-98 to 01-00	07-98 to 01-00
<b>Method of Evaluation</b>	
Discuss with Mark and PAL	

<b>Need</b> PAL Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark will learn to use the public transportation system and enroll in drivers education when appropriate.	CPS will discuss progress with Mark.
<b>Time Frame</b>	<b>Time Frame</b>
07-98 to 01-00	07-98 to 01-00
<b>Method of Evaluation</b>	
Discuss with Mark and PAL Coordinator	

<b>Need</b> PAL Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz) will participate in classes or training to prepare for the job market.	CPS will discuss progress with Mark Soliz.
<b>Time Frame</b>	<b>Time Frame</b>
07-98 to 01-00	07-98 to 01-00
<b>Method of Evaluation</b>	
Discuss with Mark and PAL Coordinator	

#### Provision of Safe and Proper Care in Placement

#### Plans for Future Visitation

#### Plans for Preserving Child's Cultural Heritage

#### Supervision

#### Behavior Management (Discipline)

The child's discipline must suit the child's age, circumstances, and developmental needs. Methods of discipline may include: establishing routines, setting reasonable limits, modeling appropriate behavior, offering choices, giving explanations, repeating instructions, taking "time-out", enforcing or permitting logical or natural consequences, and reinforcing desired behavior. Physical punishment is not permitted. Additional strategies for managing the child's behavior are specified below.

#### Support Services to the Caregivers

Identify the support services to be provided to the caregiver to help them meet the child's needs and to ensure that the child receives safe and proper care. Include the planned frequency of worker visits to the child and to the caregiver's home.

Identify the support services to be provided to the caregiver to help them meet the child's needs. Include the planned frequency of worker visits to the child and to the foster home or group-care facility.

Case Name: Se Johna S  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

**CHILD'S SERVICE PLAN  
Facility Review with PAL Asmt**

The caseworker will be available for phone consultation as needed. Caseworker will visit Mark quarterly or on an as needed basis and will participate in staffings regarding Mark's treatment and progress. Desert Hills of Texas also has been providing caseworker with weekly and monthly behavior and education logs on Mark for my review and in put.

Travel

The child may travel to participate in normal activities (examples: church, school events). Any trips that last more than 72 hours must be approved in advance by the child's worker. Trips outside the state must be approved in advance by the child's worker and by the court. Additional stipulations regarding the child's travel are specified below.

Case Name: Soliz, Jonathan
Case #: 17020998
Child's Name: Mark A Soliz      DOB: 1/27/1982

### CHILD'S SERVICE PLAN Facility Review with PAL Asmt

#### INVITED PARTIES AND PARTICIPATION INFORMATION

NAME	RELATIONSHIP TO CASE	DATE OF NOTIFICATION	TYPE OF NOTIFICATION	DATE COPY GIVEN	DATE OF PARTICIPATION
Soliz, Mark A	Self	6/16/1998	Verbal	7/6/1998	6/16/1998
Roger Whitaker	Case manager	6/16/1998	Verbal	7/6/1998	6/16/1998
James Woods	Clinical Director	6/16/1998	Verbal	7/6/1998	6/16/1998

#### EXPLANATION IF NO PARTICIPATION BY CHILD, MOTHER, FATHER OR CAREGIVER

On 09-23-97 TDPRS was granted PMC of Mark. Ms. Soliz did not attend the hearing and has had no contact with this worker since prior to the hearing. Mr. Saenz has made it clear to the agency that he does not wish to be involved in any way, except to pay child support for Mark.

	Date		Date
Signature-Worker		Signature-Child (Optional)	

	Date		Date
Signature-Supervisor		Signature-Level One Child-Placing Staff (Required for initial placement only)	

	Date
Signature-Program Director (required for initial placement only)	

Attach a copy of the following updated items to the plan shared with the caregiver, unless this information has already been provided or obtained by the caregiver:

- medical log
- education log
- medical/developmental history, and
- the record of immunizations

Case Name: So. Jonna S

Case #: 17020998

Child's Name: Mark A Soliz

DOB: 1/27/1982

## CHILD'S SERVICE PLAN Facility Review with PAL Asmt

### Service Plan Review

#### OVERVIEW:

##### A. General:

Date of Last Plan	This Plan Submitted for Approval	Date of Next Review
11/6/1998	11/6/1998	5/6/1999
Worker Who Completed Form		
Laura Flores		

##### B. Current Placement

Residence Name	Living Arrangement	Type of Facility
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##### C. Long-Range Goal For Permanency

Permanency Goal	
APPLA: Independent Living	
Projected Date for Achieving Permanency	Estimated Length of Stay in Substitute Care
1/27/2000	1 1/2 years
If there is a discrepancy between the estimated length of stay in substitute care and the projected date of permanency, explain:	
none	

##### D. Concurrent / Alternative Goal for Permanency

### PROGRESS IN ADDRESSING NEEDS & SERVICES SINCE LAST PLAN (Attach Facility Plan)

Case #: 17020998

Child's Name: Mark A Soliz

DOB: 1/27/1982

## CHILD'S SERVICE PLAN

### Facility Review with PAL Asmt

#### Preparation for Independent Living Needs

##### *PAL Needs*

An independent living program has been implemented for Mark. Mark has taken the Life Skills Assessment. Mark needs improvement in Money Management/Consumer Awareness, Transportation, and Job Seeking Skills.

Mark has had frequent telephone contacts with his mother and other family members. Mark has begun to have home visit with his mother and other family members. Future home visit will be a necessity to transition Mark to age out of care.

#### *Post- Discharge Objectives*

Mark Soliz' case will be referred to IPS to possibly locate an aging out guardian. Mark will more than like return home and reside with his Aunt Sharon Rangle and his mother. Mark has expressed an interest in continuing his education, possibly attending technical school for computer programming.

#### Placement Needs

##### *Type of Placement*

#### *Appropriateness and Safety of Placement*

Explain why the type of placement chosen continues to be appropriate. Address any issues such as need for placement with siblings which continue to be unmet.

This placement is the least restrictive; it meets Mark's basic needs as well as his therapeutic. Mark is making progress in aspects (i.e. home and school ) and is involved in extracurricular activities. At this group foster home Mark is able to participate in a PAL Program and re-establish family relationships. Mark has begun to have visit with his mother and brother and other family members. Mark appears to be making progress in the Group Home and his level of care will more than likely drop.

#### *Objectives of placement*

The objectives of this placement are to protect the child from abuse and neglect, and to provide the child with care that meets the child's needs for permanency, safety and well being. Additional objectives are:

#### *Visitation Summary*

#### *Culture Heritage*

#### Permanency Needs

##### *Progress / Efforts Made Toward Permanency*

Describe 1) the progress made towards achieving the permanency planning goal during the last plan period, 2) the actions to be taken with the child's family to achieve the goal, 3) obstacles and actions to be taken to overcome them , 4) attempts to locate absent parents, identify possible relative placements or find possible guardian.

It had been hoped that Mark could be reunited with his mother, however, this was not a possibility until recently because Ms. Soliz made no progress on her service plan and on 09-23-97 TDPRS was awarded PMC of Mark. However, Ms. Soliz has been sober for nearly a year after being admitted into a drug rehabilitation facility. Ms. Soliz currently resides at a half-way house and is searching for employment. Mark and his mother have begun visitations. There is a possibility of returning Mark home, however, it would be prudent to have Mark complete an independent living program as well as graduate from high school.

Case #:	17020998
Child's Name:	Mark A Soliz
DOB:	1/27/1982

## CHILD'S SERVICE PLAN

### Facility Review with PAL Asmt

*ASFA requirement, if applicable*

#### **Summary:**

##### Extent of Compliance (if a review):

##### Appropriateness of Services:

Describe extent to which services planned for or previously provided to the child, actually meet the child's needs.

The services documented in this plan are appropriate to meet Mark's needs. His physical, educational, and medical needs are met daily by his caregivers. Mark's social, emotional and educational needs are met through interaction with his caregivers and by participation in school. Mark is currently on medication to meet his therapeutic needs. An independent living program has been implemented to prepare Mark for adulthood.

##### Continuing Necessity for Placement:

Explain why the child continues to require placement.

Mark continues to require placement because on 09-23-97 TDPRS was appointed PMC. Ms. Soliz has had no contact with this worker since prior to the hearing. Mr. Saenz does not want any involvement with Mark except for paying child support. Mark also continues to display inappropriate behaviors and still requires some individual and group counseling to address those behaviors. Mark also needs to complete an independent living program.

#### **Emergency Conditions**

FPS has determined that one of the following emergency conditions continues to exist for this case and, therefore, services continue to be necessary:

1. A child is at risk of abuse or neglect, as determined by FPS;
2. A child has been removed from his/her home and placed in FPS care; or
3. A child formerly in FPS care is at-risk of being returned to FPS care.

Case #: 17020998

Child's Name: Mark A Soliz

DOB: 1/27/1982

## CHILD'S SERVICE PLAN

### Facility Review with PAL Asmt

#### PLANS

##### Plans to Address Permanency

##### Services to Meet Child's Needs

<b>Need</b>	Therapeutic Needs/Family Needs
<b>Task</b>	PSFC/Caregiver Service
Mark Soliz will participate in family and sibling visits when appropriate.	CPS/Laura A. Flores and foster parents will arrange family/sibling visitation.
<b>Time Frame</b>	<b>Time Frame</b>
Unspecified	When appropriate and avail.
<b>Method of Evaluation</b>	

<b>Need</b>	Therapeutic Needs/Family Needs
<b>Task</b>	PSFC/Caregiver Service
Mark Soliz will participate in family and sibling visits.	CPS/Laura A. Flores and foster parent will provide transportation for the family visits.
<b>Time Frame</b>	<b>Time Frame</b>
Unspecified	When necessary/applicable
<b>Method of Evaluation</b>	

<b>Need</b>	Social and Emotional Needs
<b>Task</b>	PSFC/Caregiver Service
Mark Soliz will be provided structure.	Foster parents will provide Mark Soliz with a structured environment/routine to meet Mark's needs.
<b>Time Frame</b>	<b>Time Frame</b>
11-98 to 01-00	11-98 to 01-00
<b>Method of Evaluation</b>	
Telephone contact and visits with Mark and caregivers	

<b>Need</b>	Social and Emotional Needs
<b>Task</b>	PSFC/Caregiver Service
Mark Soliz will be able to talk about birth family.	Foster parents will allow Mark Soliz to talk about his/her family without criticizing the family.
<b>Time Frame</b>	<b>Time Frame</b>
11-98 to 01-00	11-98 to -01-00
<b>Method of Evaluation</b>	
Telephone contacts and visits with Mark	

<b>Need</b>	Educational Needs
<b>Task</b>	PSFC/Caregiver Service
Foster Parents will keep CPS informed of Mark Soliz' progress or needs.	Foster Parents will provide CPS worker with copies of reports, i.e. school, medical, etc.

Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

### CHILD'S SERVICE PLAN Facility Review with PAL Asmt

<b>Time Frame</b>	<b>Time Frame</b>
Until graduation or equiva	Until graduation or equiv
<b>Method of Evaluation</b>	
Telephone contacts with facility	

<b>Need</b> Educational Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in vocational counseling.	Foster Parents will encourage Mark Soliz) to talk with vocational counselor.
<b>Time Frame</b>	<b>Time Frame</b>
11-98 to 01-00	11-98 to 01-00
<b>Method of Evaluation</b>	
Telephone contact with foster parents	

<b>Need</b> Educational Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Caregiver and Mark Soliz will attend conferences and ARD meetings.	CPS/Laura Flores and Foster Parents will attend parent/teacher conferences to monitor Mark's progress in school.
<b>Time Frame</b>	<b>Time Frame</b>
11-98 to -01-00	11-98 to 01-00
<b>Method of Evaluation</b>	
Telephone calls to Desert Hills staff and Mark and attend ARD Meetings	

<b>Need</b> Educational Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will attend school regularly.	Foster Parents will monitor Mark's school attendance and will provide transportation if needed.
<b>Time Frame</b>	<b>Time Frame</b>
Until graduation or equiv	Until Graduation or equiv
<b>Method of Evaluation</b>	
Discussion with Mark and Foster Parents	

<b>Need</b> Medical/Dental Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will be scheduled for follow up medical appointments including medication reviews.	CPS and/or Foster Parents will schedule appointments.
<b>Time Frame</b>	<b>Time Frame</b>
11-98 to 01-00	11-98 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark, Foster Parents, and medical staff	

<b>Need</b> Social and Emotional Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in therapy.	Foster parents and therapist will suggest acceptable



Case Name: <b>Mark A Soliz</b>
Case #: <b>17020998</b>
Child's Name: <b>Mark A Soliz</b> DOB: <b>1/27/1982</b>

### CHILD'S SERVICE PLAN Facility Review with PAL Asmt

	behaviors to Mark Soliz to substitute for unacceptable behaviors.
<b>Time Frame</b>	<b>Time Frame</b>
11-98 to 01-00	11-98 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark, Foster parents, and Therapist	

<b>Need</b> Social and Emotional Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in group therapy sessions to help reduce acting out behavior.	CPS and/or foster parents will arrange for group therapy sessions.
<b>Time Frame</b>	<b>Time Frame</b>
11-98 to 01-00	11-98 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark, Foster Parents and Therapist	

<b>Need</b> Social and Emotional Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will learn to accept the logical consequences of inappropriate behavior.	Foster parents will provide feedback regarding consequences of Mark's behavior.
<b>Time Frame</b>	<b>Time Frame</b>
11-98 to 01-00	11-98 to 01-00
<b>Method of Evaluation</b>	
Discussion with Foster Parents and Mark	

<b>Need</b> Therapeutic/Recreational Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in recreational activities when appropriate.	CPS and/ or foster parents provide games, movies, sports etc. for recreational activities when appropriate.
<b>Time Frame</b>	<b>Time Frame</b>
11-98 to 01-00	11-98 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark and Foster Parents	

<b>Need</b> PAL Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in educational/vocational training.	Worker will discuss progress with Mark Soliz.
<b>Time Frame</b>	<b>Time Frame</b>
11-98 to 01-00	11-98 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark and Foster Parents	

<b>Need</b> PAL Needs
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Case Name: Soliz, John A  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

### CHILD'S SERVICE PLAN Facility Review with PAL Asmt

<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark will participate in money management classes or training.	CPS will discuss progress with Mark.
<b>Time Frame</b>	<b>Time Frame</b>
11-98 to 01-00	11-98 to 01-00
<b>Method of Evaluation</b>	
Discuss with Mark and PAL	

<b>Need</b> PAL Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark will learn to use the public transportation system and enroll in drivers education when appropriate.	CPS will discuss progress with Mark.
<b>Time Frame</b>	<b>Time Frame</b>
11-98 to 01-00	11-98 to 01-00
<b>Method of Evaluation</b>	
Discuss with Mark and PAL Coordinator	

<b>Need</b> PAL Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz) will participate in classes or training to prepare for the job market.	CPS will discuss progress with Mark Soliz.
<b>Time Frame</b>	<b>Time Frame</b>
11-98 to 01-00	11-98 to 01-00
<b>Method of Evaluation</b>	
Discuss with Mark and PAL Coordinator	

#### Provision of Safe and Proper Care in Placement

#### Plans for Future Visitation

#### Plans for Preserving Child's Cultural Heritage

#### Supervision

#### Behavior Management (Discipline)

The child's discipline must suit the child's age, circumstances, and developmental needs. Methods of discipline may include: establishing routines, setting reasonable limits, modeling appropriate behavior, offering choices, giving explanations, repeating instructions, taking "time-out", enforcing or permitting logical or natural consequences, and reinforcing desired behavior. Physical punishment is not permitted. Additional strategies for managing the child's behavior are specified below.

#### Support Services to the Caregivers

Identify the support services to be provided to the caregiver to help them meet the child's needs and to ensure that the child receives safe and proper care. Include the planned frequency of worker visits to the child and to the caregiver's home.

Identify the support services to be provided to the caregiver to help them meet the child's needs. Include the planned frequency of worker visits to the child and to the foster home or group-care facility.

Case Name: Soliz, John  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

**CHILD'S SERVICE PLAN**  
**Facility Review with PAL Asmt**

The caseworker will be available for phone consultation as needed. Caseworker will visit Mark monthly or on an as needed basis and will participate in staffings regarding Mark's treatment and progress.

Travel

The child may travel to participate in normal activities (examples: church, school events). Any trips that last more than 72 hours must be approved in advance by the child's worker. Trips outside the state must be approved in advance by the child's worker and by the court. Additional stipulations regarding the child's travel are specified below.

**Child's Name:** Mark A Soliz      **DOB:** 1/27/1982

## CHILD'S SERVICE PLAN

### Facility Review with PAL Asmt

## INVITED PARTIES AND PARTICIPATION INFORMATION

NAME	RELATIONSHIP TO CASE	DATE OF NOTIFICATION	TYPE OF NOTIFICATION	DATE COPY GIVEN	DATE OF PARTICIPATION
Soliz, Mark A Dr. Farmer	Foster Parent	9/10/1998	Verbal	11/4/1998	9/10/1998
	Self	9/10/1998	Verbal	11/4/1998	9/10/1998
	Therapist	9/10/1998	Verbal	11/4/1998	9/10/1998

**EXPLANATION IF NO PARTICIPATION BY CHILD, MOTHER, FATHER OR CAREGIVER**

On 09-23-97 TDPRS was granted PMC of Mark. Ms. Soliz did not attend the hearing and has had no contact with this worker since prior to the hearing. Mr. Saenz has made it clear to the agency that he does not wish to be involved in any way, except to pay child support for Mark.

Signature-Worker	Date	Signature-Child (Optional)	Date
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Signature-Supervisor	Date	Signature-Level One Child-Placing Staff (Required for initial placement only)	Date
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Signature-Program Director \_\_\_\_\_ Date \_\_\_\_\_  
(required for initial placement only)

Attach a copy of the following updated items to the plan shared with the caregiver, unless this information has already been provided or obtained by the caregiver:

- medical log
- education log
- medical/developmental history, and
- the record of immunizations

Case Name: Soliz, John A  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

**CHILD'S SERVICE PLAN**  
**Facility Review with PAL Asmt**

**Service Plan Review**

**OVERVIEW:**

**A. General:**

Date of Last Plan	This Plan Submitted for Approval	Date of Next Review
2/23/1999	2/23/1999	8/23/1999
Worker Who Completed Form		
Laura Flores		

**B. Current Placement**

Residence Name	Living Arrangement	Type of Facility
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**C. Long-Range Goal For Permanency**

Permanency Goal	
APPLA: Independent Living	
Projected Date for Achieving Permanency	Estimated Length of Stay in Substitute Care
1/27/2000	1 year
If there is a discrepancy between the estimated length of stay in substitute care and the projected date of permanency, explain:	
none	

**D. Concurrent / Alternative Goal for Permanency**

**PROGRESS IN ADDRESSING NEEDS & SERVICES SINCE LAST PLAN**  
(Attach Facility Plan)

Case Name: Se - Jonna S
Case #: 17020998
Child's Name: Mark A Soliz      DOB: 1/27/1982

## CHILD'S SERVICE PLAN

### Facility Review with PAL Asmt

#### Preparation for Independent Living Needs

##### *PAL Needs*

An independent living program has been implemented for Mark. Mark has taken the Life Skills Assessment. Mark needs improvement in Money Management/Consumer Awareness, Transportation, and Job Seeking Skills. Mark has completed Personal/Interpersonal Skills, Housing/Transportation, Health, Planning for the Future, and Money Management in PAL.

Mark has had telephone contacts with family members. Mark has had home visit with family members. Future home visit will be a necessity to transition Mark to age out of care.

#### *Post- Discharge Objectives*

Mark Soliz' case will be referred to IPS to possibly locate an aging out guardian. Mark will more than like return home and reside with his Aunt Sharon Rangle. Mark has expressed an interest in continuing his education, possibly attending technical school for computer programming.

#### Placement Needs

##### *Type of Placement*

#### *Appropriateness and Safety of Placement*

Explain why the type of placement chosen continues to be appropriate. Address any issues such as need for placement with siblings which continue to be unmet.

This placement is the least restrictive; it meets Mark's basic needs as well as his therapeutic. Mark is making progress in aspects (i.e. home and school ) and is involved in extracurricular activities. At this group foster home Mark is able to participate in a PAL Program and re-establish family relationships. Mark has begun to have visit with his mother and brother and other family members. Mark appears to be making progress in the Group Home and his level of care will more than likely drop.

#### *Objectives of placement*

The objectives of this placement are to protect the child from abuse and neglect, and to provide the child with care that meets the child's needs for permanency, safety and well being. Additional objectives are:

#### *Visitation Summary*

#### *Culture Heritage*

#### Permanency Needs

##### *Progress / Efforts Made Toward Permanency*

Describe 1) the progress made towards achieving the permanency planning goal during the last plan period, 2) the actions to be taken with the child's family to achieve the goal, 3) obstacles and actions to be taken to overcome them , 4) attempts to locate absent parents, identify possible relative placements or find possible guardian.

It had been hoped that Mark could be reunited with his mother, however, this was not a possibility until recently because Ms. Soliz made no progress on her service plan and on 09-23-97 TDPRS was awarded PMC of Mark. Ms. Soliz had been sober for nearly a year after being admitted into a drug rehabilitation facility and residing at a half-way house. Ms. Soliz recently failed a drug test and has a warrant out for her arrest. Mark and his mother have sporadic telephone contact but visitation has ceased. There is a slim possibility of returning Mark home/ Aunt's home, however, it would be prudent to have Mark complete an independent living program as well as graduate from high school.

Case #:	17020998
Child's Name:	Mark A Soliz
DOB:	1/27/1982

## CHILD'S SERVICE PLAN

### Facility Review with PAL Asmt

*ASFA requirement, if applicable*

#### **Summary:**

##### Extent of Compliance (if a review):

##### Appropriateness of Services:

Describe extent to which services planned for or previously provided to the child, actually meet the child's needs.

The services documented in this plan are appropriate to meet Mark's needs. His physical, educational, and medical needs are met daily by his caregivers. Mark's social, emotional and educational needs are met through interaction with his caregivers and by participation in school. Mark is currently on medication to meet his therapeutic needs. An independent living program has been implemented to prepare Mark for adulthood.

##### Continuing Necessity for Placement:

Explain why the child continues to require placement.

Mark continues to require placement because on 09-23-97 TDPRS was appointed PMC. Ms. Soliz has had no contact with this worker since prior to the hearing. Mr. Saenz does not want any involvement with Mark except for paying child support. Mark also continues to display inappropriate behaviors and still requires some individual and group counseling to address those behaviors. Mark also needs to complete an independent living program.

#### **Emergency Conditions**

FPS has determined that one of the following emergency conditions continues to exist for this case and, therefore, services continue to be necessary:

1. A child is at risk of abuse or neglect, as determined by FPS;
2. A child has been removed from his/her home and placed in FPS care; or
3. A child formerly in FPS care is at-risk of being returned to FPS care.

Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN Facility Review with PAL Asmt

### PLANS

#### Plans to Address Permanency

#### Services to Meet Child's Needs

<b>Need</b>	Therapeutic Needs/Family Needs	
<b>Task</b>		<b>PSFC/Caregiver Service</b>
	Mark Soliz will participate in family and sibling visits when appropriate.	CPS/Laura A. Flores and foster parents will arrange family/sibling visitation.
<b>Time Frame</b>		<b>Time Frame</b>
	Unspecified	When appropriate and available
<b>Method of Evaluation</b>		

<b>Need</b>	Therapeutic Needs/Family Needs	
<b>Task</b>		<b>PSFC/Caregiver Service</b>
	Mark Soliz will participate in family and sibling visits.	CPS/Laura A. Flores and foster parent will provide transportation for the family visits.
<b>Time Frame</b>		<b>Time Frame</b>
	Unspecified	When necessary/applicable
<b>Method of Evaluation</b>		

<b>Need</b>	Social and Emotional Needs	
<b>Task</b>		<b>PSFC/Caregiver Service</b>
	Mark Soliz will be provided structure.	Foster parents will provide Mark Soliz with a structured environment/routine to meet Mark's needs.
<b>Time Frame</b>		<b>Time Frame</b>
	02-99 to 01-00	02-99 to 01-00
<b>Method of Evaluation</b>		
	Telephone contact and visits with Mark and caregivers	

<b>Need</b>	Social and Emotional Needs	
<b>Task</b>		<b>PSFC/Caregiver Service</b>
	Mark Soliz will be able to talk about birth family.	Foster parents will allow Mark Soliz to talk about his/her family without criticizing the family.
<b>Time Frame</b>		<b>Time Frame</b>
	02-99 to 01-00	02-99 to 01-00
<b>Method of Evaluation</b>		
	Telephone contacts and visits with Mark	

<b>Need</b>	Educational Needs	
<b>Task</b>		<b>PSFC/Caregiver Service</b>
	Foster Parents will keep CPS informed of Mark Soliz's progress or needs.	Foster Parents will provide CPS worker with copies of reports, i.e. school, medical, etc.



Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

### CHILD'S SERVICE PLAN Facility Review with PAL Asmt

<b>Time Frame</b>	<b>Time Frame</b>
Until graduation or equiva	Until graduation or equiv
<b>Method of Evaluation</b>	
Telephone contacts with facility	

<b>Need</b> Educational Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in vocational counseling.	Foster Parents will encourage Mark Soliz) to talk with vocational counselor..
<b>Time Frame</b>	<b>Time Frame</b>
02-99 to 01-00	02-99 to 01-00
<b>Method of Evaluation</b>	
Telephone contact with foster parents	

<b>Need</b> Educational Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Caregiver and Mark Soliz will attend conferences and ARD meetings.	CPS/Laura Flores and Foster Parents will attend parent/teacher conferences to monitor Mark's progress in school.
<b>Time Frame</b>	<b>Time Frame</b>
02-99 to -01-00	02-99 to 01-00
<b>Method of Evaluation</b>	
Telephone calls to Desert Hills staff and Mark and attend ARD Meetings	

<b>Need</b> Educational Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will attend school regularly.	Foster Parents will monitor Mark's school attendance and will provide transportation if needed.
<b>Time Frame</b>	<b>Time Frame</b>
Until graduation or equiv	Until Graduation or equiv
<b>Method of Evaluation</b>	
Discussion with Mark and Foster Parents	

<b>Need</b> Medical/Dental Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will be scheduled for follow up medical appointments including medication reviews.	CPS and/or Foster Parents will schedule appointments.
<b>Time Frame</b>	<b>Time Frame</b>
02-99 to 01-00	02-99 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark, Foster Parents, and medical staff	

<b>Need</b> Social and Emotional Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in therapy.	Foster parents and therapist will suggest acceptable

Case Name: Sa Janna S  
 Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

### CHILD'S SERVICE PLAN Facility Review with PAL Asmt

	behaviors to Mark Soliz to substitute for unacceptable behaviors.
<b>Time Frame</b>	<b>Time Frame</b>
02-99 to 01-00	02-99 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark, Foster parents, and Therapist	

<b>Need</b> Social and Emotional Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in group therapy sessions to help reduce acting out behavior.	CPS and/or foster parents will arrange for group therapy sessions.
<b>Time Frame</b>	<b>Time Frame</b>
02-99 to 01-00	02-99 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark, Foster Parents and Therapist	

<b>Need</b> Social and Emotional Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will learn to accept the logical consequences of inappropriate behavior.	Foster parents will provide feedback regarding consequences of Mark's behavior.
<b>Time Frame</b>	<b>Time Frame</b>
02-99 to 01-00	02-99 to 01-00
<b>Method of Evaluation</b>	
Discussion with Foster Parents and Mark	

<b>Need</b> Therapeutic/Recreational Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in recreational activities when appropriate.	CPS and/ or foster parents provide games, movies, sports etc. for recreational activities when appropriate.
<b>Time Frame</b>	<b>Time Frame</b>
02-99 to 01-00	02-99 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark and Foster Parents	

<b>Need</b> PAL Needs	
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will participate in educational/vocational training.	Worker will discuss progress with Mark Soliz.
<b>Time Frame</b>	<b>Time Frame</b>
02-99 to 01-00	02-99 to 01-00
<b>Method of Evaluation</b>	
Discussion with Mark and Foster Parents	

<b>Need</b> PAL Needs
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Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

### CHILD'S SERVICE PLAN Facility Review with PAL Asmt

Task	PSFC/Caregiver Service
Mark will learn to use the public transportation system and enroll in drivers education when appropriate.	CPS will discuss progress with Mark.
<b>Time Frame</b>	<b>Time Frame</b>
02-99 to 01-00	02-99 to 01-00
<b>Method of Evaluation</b>	
Discuss with Mark and PAL Coordinator	

Need	PAL Needs
Task	PSFC/Caregiver Service
Mark Soliz) will participate in classes or training to prepare for the job market.	CPS will discuss progress with Mark Soliz.
<b>Time Frame</b>	<b>Time Frame</b>
02-99 to 01-00	02-99 to 01-00
<b>Method of Evaluation</b>	
Discuss with Mark and PAL Coordinator	

#### Provision of Safe and Proper Care in Placement

#### Plans for Future Visitation

#### Plans for Preserving Child's Cultural Heritage

#### Supervision

#### Behavior Management (Discipline)

The child's discipline must suit the child's age, circumstances, and developmental needs. Methods of discipline may include: establishing routines, setting reasonable limits, modeling appropriate behavior, offering choices, giving explanations, repeating instructions, taking "time-out", enforcing or permitting logical or natural consequences, and reinforcing desired behavior. Physical punishment is not permitted. Additional strategies for managing the child's behavior are specified below.

#### Support Services to the Caregivers

Identify the support services to be provided to the caregiver to help them meet the child's needs and to ensure that the child receives safe and proper care. Include the planned frequency of worker visits to the child and to the caregiver's home.

Identify the support services to be provided to the caregiver to help them meet the child's needs. Include the planned frequency of worker visits to the child and to the foster home or group-care facility.

The caseworker will be available for phone consultation as needed. Caseworker will visit Mark monthly or on an as needed basis and will participate in staffings regarding Mark's treatment and progress.

#### Travel

The child may travel to participate in normal activities (examples: church, school events). Any trips that last more than 72 hours must be approved in advance by the child's worker. Trips outside the state must be approved in advance by the child's worker and by the court. Additional stipulations regarding the child's travel are specified below.

Case Name: Se - Johnna S  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

### CHILD'S SERVICE PLAN Facility Review with PAL Asmt

#### INVITED PARTIES AND PARTICIPATION INFORMATION

NAME	RELATIONSHIP TO CASE	DATE OF NOTIFICATION	TYPE OF NOTIFICATION	DATE COPY GIVEN	DATE OF PARTICIPATION
	Foster Parent	1/19/1999	Verbal	2/19/1999	1/19/1999
Juan Lajara	Counselor	1/19/1999	Verbal	2/19/1999	1/19/1999
James Farmer	Therapist	1/19/1999	Verbal	2/19/1999	1/19/1999
Soliz, Mark A	Self	1/19/1999	Verbal	2/19/1999	1/19/1999
Onyebuchi, Will N	PRS Staff	2/18/1999	Verbal	2/18/1999	2/18/1999

#### EXPLANATION IF NO PARTICIPATION BY CHILD, MOTHER, FATHER OR CAREGIVER

On 09-23-97 TDPRS was granted PMC of Mark. Ms. Soliz did not attend the hearing and has had no contact with this worker since prior to the hearing. Mr. Saenz has made it clear to the agency that he does not wish to be involved in any way, except to pay child support for Mark.

\_\_\_\_\_  
Signature-Worker Date Signature-Child (Optional) Date

\_\_\_\_\_  
Signature-Supervisor Date Signature-Level One Child-Placing Staff  
(Required for initial placement only) Date

\_\_\_\_\_  
Signature-Program Director Date  
(required for initial placement only)

Attach a copy of the following updated items to the plan shared with the caregiver, unless this information has already been provided or obtained by the caregiver:

- medical log
- education log
- medical/developmental history, and
- the record of immunizations

Case Name: Sejourna S  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN Review

### Service Plan Review

#### OVERVIEW:

##### A. General:

Date of Last Plan	This Plan Submitted for Approval	Date of Next Review
8/9/1999	8/9/1999	2/9/2000
Worker Who Completed Form Laura Flores,		

##### B. Current Placement

Residence Name	Living Arrangement	Type of Facility
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##### C. Long-Range Goal For Permanency

Permanency Goal APPLA: Independent Living	
Projected Date for Achieving Permanency 1/27/2000	Estimated Length of Stay in Substitute Care 6 months
If there is a discrepancy between the estimated length of stay in substitute care and the projected date of permanency, explain: none	

##### D. Concurrent / Alternative Goal for Permanency

Case Name: Se Johnson
Case #: 17020998
Child's Name: Mark A Soliz      DOB: 1/27/1982

## CHILD'S SERVICE PLAN Review

### PROGRESS IN ADDRESSING NEEDS & PROVIDING SERVICES SINCE LAST PLAN

#### Caregiver observations about child's personality, behavior, special interests, and talents

#### Basic needs

All children in placement have basic needs. They require food, shelter, and clothing; routine medical and dental care; safe, stimulating, and nurturing home environments; and friendships and recreational activities appropriate to their ages. FPS expects each child's caregiver to meet the child's basic needs without specifically identifying those needs in the case plan.

#### Specific needs

##### Social and Emotional Needs

Mark had made significant progress since his last service plan. Mark completed his PAL Program. Mark was preparing to age out of care when he was arrested in July of 1999 for . Mark is currently being detained in the Johnson County Law Enforcement Center in Cleburne, Texas pending a court date. Mark basic needs are being met. Mark is 17 years old and is being tried as an adult.

##### Educational Needs

Mark educational needs have been suspended due to being in jail. Mark had made significant progress since his last service plan. Mark completed his PAL Program. Mark was preparing to age out of care when he was arrested in July of 1999 for . Mark is currently being detained in the Johnson County Law Enforcement Center in Cleburne, Texas pending a court date. Mark basic needs are being met. Mark is 17 years old and is being tried as an adult.

##### Developmental Needs

Mark developmental needs have been suspended due to being in jail. Mark had made significant progress since his last service plan. Mark completed his PAL Program. Mark was preparing to age out of care when he was arrested in July of 1999 for . Mark is currently being detained in the Johnson County Law Enforcement Center in Cleburne, Texas pending a court date. Mark basic needs are being met. Mark is 17 years old and is being tried as an adult.

##### Medical and Dental Needs

Mark medical and dental needs continue to be met despite Mark being in jail. Mark was arrested in July of 1999 for . Mark is currently being detained in the Johnson County Law Enforcement Center in Cleburne, Texas pending a court date. Mark basic needs are being met. Mark is 17 years old and is being tried as an adult. Mark is receiving his medication and other medical needs via the on-site medical clinic at the jail.

##### Special Physical Needs

Mark's physical needs are being met despite Mark being in jail. Mark was arrested in July of 1999 for . Mark is currently being detained in the Johnson County Law Enforcement Center in Cleburne, Texas pending a court date. Mark basic needs are being met such as clothing and 3 meals a day. Mark is 17 years old and is being tried as an adult.

#### Placement Needs

##### *Type of Placement*

Case Name: Soliz, Yonna S
Case #: 17020998
Child's Name: Mark A Soliz      DOB: 1/27/1982

## CHILD'S SERVICE PLAN Review

### *Appropriateness and Safety of Placement*

Explain why the type of placement chosen continues to be appropriate. Address any issues such as need for placement with siblings which continue to be unmet.

This placement is currently the least restrictive available. Mark recently was arrested for and is being detained at the Johnson County Law Enforcement Center in Cleburne, Texas.

### *Objectives of placement*

The objectives of this placement are to protect the child from abuse and neglect, and to provide the child with care that meets the child's needs for permanency, safety and well being. Additional objectives are:

### *Visitation Summary*

### *Culture Heritage*

### *Permanency Needs*

#### *Progress / Efforts Made Toward Permanency*

Describe 1) the progress made towards achieving the permanency planning goal during the last plan period, 2) the actions to be taken with the child's family to achieve the goal, 3) obstacles and actions to be taken to overcome them, 4) attempts to locate absent parents, identify possible relative placements or find possible guardian.

Significant progress has been made by Mark is achieving the permanency plan until recently. Mark had completed the CPS PAL Program. It had been hoped that Mark would age out of care and attend a vocational school, however, this is currently not a possibility. Mark was recently arrested for

and is being detained at the Johnson County Law Enforcement Center pending a court date. The plan should resume should Mark be released, however, it remains a indecipherable at this time. Mark reuniting with his mother is not a possibility; on 09-23-97 TDPRS was awarded PMC of Mark. Ms. Soliz had been sober for nearly a year after being admitted into a drug rehabilitation facility and residing at a half-way house. Subsequently Ms. Soliz failed a drug test and currently has a warrant out for her arrest. Mark and his mother have sporadic telephone contact but visitation has ceased. Should Mark be released from the Johnson County Law Enforcement Center there is a possibility for Mark to reside with his Aunt Sharon Rangel.

### *ASFA requirement, if applicable*

### **Summary:**

#### Extent of Compliance (if a review):

#### Appropriateness of Services:

Describe extent to which services planned for or previously provided to the child, actually meet the child's needs.

The services documented in this plan are appropriate to meet Mark's needs due to Mark being in jail. His basic needs are met daily by his caregivers.

#### Continuing Necessity for Placement:

Explain why the child continues to require placement.

Mark continues to require placement because on 09-23-97 TDPRS was appointed PMC. Ms. Soliz has had no contact with this worker since prior to the hearing. Mr. Saenz does not want any involvement with Mark except

Case Name: Se Johna S  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

### **CHILD'S SERVICE PLAN Review**

for paying child support. Mark also continues to display criminal and anti social behaviors and still requires some individual and group counseling to address those behaviors. Mark also needs to complete a GED program.

#### **Emergency Conditions**

FPS has determined that one of the following emergency conditions continues to exist for this case and, therefore, services continue to be necessary:

1. A child is at risk of abuse or neglect, as determined by FPS;
2. A child has been removed from his/her home and placed in FPS care; or
3. A child formerly in FPS care is at-risk of being returned to FPS care.



Case Name: SC Johna S

Case #: 17020998

Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN Review

### PLANS

#### Plans to Address Permanency

#### Services to Meet Child's Needs

Need Medical/Dental Needs	
Task	PSFC/Caregiver Service
Mark Soliz will be scheduled for follow up medical appointments including medication reviews.	Staff at Johnson county LEC will schedule appointments.
Time Frame	Time Frame
07-99 to Unspecified	07-99 to Unspecified
Method of Evaluation	
Discussion with staff at Johnson County law enforcement center(LEC)	

Need Social and Emotional Needs	
Task	PSFC/Caregiver Service
Mark Soliz will learn to accept the logical consequences of anti-social/criminal behavior by being detained at the Johnson County LEC.	Johnson County LEC will reinforce Mark's understanding of the relationship between his/her behavior and the consequences which follow.
Time Frame	Time Frame
07-99 to Unspecified	07-99 to Unspecified
Method of Evaluation	
Discussion with Mark	

Need PAL Needs	
Task	PSFC/Caregiver Service
Mark will learn his/her legal rights and consequences of breaking the law.	CPS will discuss progress with Mark.
Time Frame	Time Frame
07-99 to Unspecified	07-99 to Unspecified
Method of Evaluation	
Discussion with Mark	

#### Provision of Safe and Proper Care in Placement

#### Plans for Future Visitation

#### Plans for Preserving Child's Cultural Heritage

#### Supervision

Mark is being supervised 24 hours a day 7 day a week due to being in jail. Mark was arrested in July of 1999 for . Mark is currently being detained in the Johnson County Law Enforcement Center in Cleburne, Texas pending a court date. Mark basic needs are being met. Mark is 17 years old and is being tried as an adult.

#### Behavior Management (Discipline)

Case Name: Sc Jonna S
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Child's Name: Mark A Soliz      DOB: 1/27/1982

## CHILD'S SERVICE PLAN Review

The child's discipline must suit the child's age, circumstances, and developmental needs. Methods of discipline may include: establishing routines, setting reasonable limits, modeling appropriate behavior, offering choices, giving explanations, repeating instructions, taking "time-out", enforcing or permitting logical or natural consequences, and reinforcing desired behavior. Physical punishment is not permitted. Additional strategies for managing the child's behavior are specified below.

Mark's discipline and consequences has been increased due to being in jail. Mark was arrested in July of 1999 for      Mark is currently being detained in the Johnson County Law Enforcement Center in Cleburne, Texas pending a court date. Mark basic needs are being met. Mark is 17 years old and is being tried as an adult.

### Support Services to the Caregivers

Identify the support services to be provided to the caregiver to help them meet the child's needs and to ensure that the child receives safe and proper care. Include the planned frequency of worker visits to the child and to the caregiver's home.

Identify the support services to be provided to the caregiver to help them meet the child's needs. Include the planned frequency of worker visits to the child and to the foster home or group-care facility.

Mark is currently being detained at the Johnson County Law Enforcement Center for      pending a court date. Mark's basic needs are being met. Caseworker will visit Mark monthly or on an as needed basis.

### Travel

The child may travel to participate in normal activities (examples: church, school events). Any trips that last more than 72 hours must be approved in advance by the child's worker. Trips outside the state must be approved in advance by the child's worker and by the court. Additional stipulations regarding the child's travel are specified below.

Mark's Travel privileges have been suspended due to being in jail. Mark was arrested in July of 1999 for      Mark is currently being detained in the Johnson County Law Enforcement Center in Cleburne, Texas pending a court date. Mark basic needs are being met. Mark is 17 years old and is being tried as an adult.

Case Name: Soliz, Mark A  
 Case #: 17020998  
 Child's Name: Mark A Soliz DOB: 1/27/1982

### CHILD'S SERVICE PLAN Review

#### INVITED PARTIES AND PARTICIPATION INFORMATION

NAME	RELATIONSHIP TO CASE	DATE OF NOTIFICATION	TYPE OF NOTIFICATION	DATE COPY GIVEN	DATE OF PARTICIPATION
Soliz, Mark A	Self	7/13/1999	Verbal		7/13/1999
Rutherford, Eula E	PRS Staff	7/13/1999	Verbal		7/13/1999
Flores, Laura A	PRS Staff	7/13/1999	Verbal		7/13/1999

#### EXPLANATION IF NO PARTICIPATION BY CHILD, MOTHER, FATHER OR CAREGIVER

On 09-23-97 TDPRS was granted PMC of Mark. Ms. Soliz did not attend the hearing and has had no contact with this worker since prior to the hearing. Mr. Saenz has made it clear to the agency that he does not wish to be involved in any way, except to pay child support for Mark.

\_\_\_\_\_  
 Signature-Worker Date Signature-Child (Optional) Date

\_\_\_\_\_  
 Signature-Supervisor Date Signature-Level One Child-Placing Staff  
 (Required for initial placement only) Date

\_\_\_\_\_  
 Signature-Program Director  
 (required for initial placement only) Date

Attach a copy of the following updated items to the plan shared with the caregiver, unless this information has already been provided or obtained by the caregiver:

- medical log
- education log
- medical/developmental history, and
- the record of immunizations

Case Name: SC Joanna S

Case #: 17020998

Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN Review

### Service Plan Review

#### OVERVIEW:

##### A. General:

Date of Last Plan	This Plan Submitted for Approval	Date of Next Review
11/2/1999	11/2/1999	5/2/2000
Worker Who Completed Form Laura Flores,		

##### B. Current Placement

Residence Name	Living Arrangement	Type of Facility
----------------	--------------------	------------------

##### C. Long-Range Goal For Permanency

Permanency Goal APPLA: Independent Living	
Projected Date for Achieving Permanency 1/27/2000	Estimated Length of Stay in Substitute Care 3 months
If there is a discrepancy between the estimated length of stay in substitute care and the projected date of permanency, explain: none	

##### D. Concurrent / Alternative Goal for Permanency

Case Name: SC Jonna S

Case #: 17020998

Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN Review

### PROGRESS IN ADDRESSING NEEDS & PROVIDING SERVICES SINCE LAST PLAN

#### Caregiver observations about child's personality, behavior, special interests, and talents

##### Basic needs

All children in placement have basic needs. They require food, shelter, and clothing; routine medical and dental care; safe, stimulating, and nurturing home environments; and friendships and recreational activities appropriate to their ages. FPS expects each child's caregiver to meet the child's basic needs without specifically identifying those needs in the case plan.

##### Specific needs

###### Social and Emotional Needs

Mark had made significant progress on his past service plans. Mark completed his PAL Program. Mark was preparing to age out of care when he was arrested in July of 1999 for . Mark was detained for over a month. Upon Mark release he refused to return to care. Mark is currently on an unauthorized absence.

###### Educational Needs

Mark educational needs have been suspended due to being in jail and on runaway status. Mark had made significant progress on his past service plans. Mark completed his PAL Program. Mark was preparing to age out of care when he was arrested in July of 1999 for Upon his release from jail Mark refused to return to care.

###### Developmental Needs

Mark developmental needs have been suspended due to being in jail and on run away status. Mark had made significant progress on his past service plans. Mark completed his PAL Program. Mark was preparing to age out of care when he was arrested in July of 1999 for Upon his release Mark refused to return to care.

###### Medical and Dental Needs

Mark's medical and dental needs continue to be met despite Mark being in jail, however, have recently suspended due to Mark being on run away status. Mark was arrested in July of 1999 for Upon his release Mark refused to return to care. Currently Mark's medical and dental needs are not being met.

###### Special Physical Needs

Due to Mark's age more than likely his physical needs are being met despite Mark being on run away status. Mark was arrested in July of 1999 for Upon Mark's release from jail he refused to return to care.

###### Placement Needs

###### *Type of Placement*

###### *Appropriateness and Safety of Placement*

Explain why the type of placement chosen continues to be appropriate. Address any issues such as need for placement with siblings which continue to be unmet.

Mark is currently on an unauthorized leave/run away.

Case Name: Sr. Jonna S
Case #: 17020998
Child's Name: Mark A Soliz      DOB: 1/27/1982

## CHILD'S SERVICE PLAN Review

### Objectives of placement

The objectives of this placement are to protect the child from abuse and neglect, and to provide the child with care that meets the child's needs for permanency, safety and well being. Additional objectives are:

### Visitation Summary

### Culture Heritage

### Permanency Needs

#### Progress / Efforts Made Toward Permanency

Describe 1) the progress made towards achieving the permanency planning goal during the last plan period, 2) the actions to be taken with the child's family to achieve the goal, 3) obstacles and actions to be taken to overcome them, 4) attempts to locate absent parents, identify possible relative placements or find possible guardian.

Significant progress has been made by Mark is achieving the permanency plan until recently. Mark had completed the CPS PAL Program. It had been hoped that Mark would age out of care and attend a vocational school, however, this is currently not a possibility. Mark was arrested for and detained at the Johnson County Law Enforcement Center. Upon his release Mark refused to return to care. Mark is currently on an unauthorized absence/run away. Mark reuniting with his mother is not a possibility; on 09-23-97 TDPRS was awarded PMC of Mark. Ms. Soliz had been sober for nearly a year after being admitted into a drug rehabilitation facility and residing at a half-way house. Subsequently Ms. Soliz failed a drug test and was arrested. Ms. Soliz was released from jail last month and contact between Mark and his mother is unknown.

### ASFA requirement, if applicable

### **Summary:**

#### Extent of Compliance (if a review):

### Appropriateness of Services:

Describe extent to which services planned for or previously provided to the child, actually meet the child's needs.

The services documented in this plan are appropriate to meet Mark's needs due to Mark being on run away status. It is unknown if Mark's basic needs are met daily.

### Continuing Necessity for Placement:

Explain why the child continues to require placement.

Mark continues to require placement because on 09-23-97 TDPRS was appointed PMC. Ms. Soliz had been in jail for some time due to violating her probation and drug use. Ms. Soliz continues to live an unstable lifestyle. Mr. Saenz does not want any involvement with Mark except for paying child support. Mark also continues to display criminal and anti social behaviors and still requires some individual and group counseling to address those behaviors. Mark also needs to complete a GED program.

### **Emergency Conditions**

FPS has determined that one of the following emergency conditions continues to exist for this case and, therefore, services continue to be necessary:

Case Name: Sc Jonna S

Case #: 17020998

Child's Name: Mark A Soliz DOB: 1/27/1982

### **CHILD'S SERVICE PLAN Review**

1. A child is at risk of abuse or neglect, as determined by FPS;
2. A child has been removed from his/her home and placed in FPS care; or
3. A child formerly in FPS care is at-risk of being returned to FPS care.

Case Name: Se Johna S
Case #: 17020998
Child's Name: Mark A Soliz      DOB: 1/27/1982

## CHILD'S SERVICE PLAN Review

### PLANS

#### Plans to Address Permanency

#### Services to Meet Child's Needs

<b>Need</b>	Social and Emotional Needs
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Mark Soliz will learn to accept the logical consequences of anti-social/criminal behavior	Mark will need to understanding of the relationship between his/her behavior and the consequences which follow.
<b>Time Frame</b>	<b>Time Frame</b>
07-99 to Unspecified	07-99 to Unspecified
<b>Method of Evaluation</b>	
Attempted visits and discussion with Mark	

<b>Need</b>	Educational Needs
<b>Task</b>	<b>PSFC/Caregiver Service</b>
Other- Mark will need to understand the consequences of not completing his education or a GED Program	Other-Discussion with Mark to help him understand the consequences for not completin his education
<b>Time Frame</b>	<b>Time Frame</b>
10-99 to unspecified	10-99 to unspecified
<b>Method of Evaluation</b>	
Attempted visit with Mark	

#### Provision of Safe and Proper Care in Placement

#### Plans for Future Visitation

#### Plans for Preserving Child's Cultural Heritage

#### Supervision

Mark currently is on an unauthorized absence. The supervision being provided to Mark is unknown. Upon his release from jail for unauthorized use of a motor vehicle Mark refused to return to care.

#### Behavior Management (Discipline)

The child's discipline must suit the child's age, circumstances, and developmental needs. Methods of discipline may include: establishing routines, setting reasonable limits, modeling appropriate behavior, offering choices, giving explanations, repeating instructions, taking "time-out", enforcing or permitting logical or natural consequences, and reinforcing desired behavior. Physical punishment is not permitted. Additional strategies for managing the child's behavior are specified below.

Mark's discipline and consequences have been eliminated due to Mark being on an unauthorized absence. Upon Mark's release from jail for an      Mark refused to return to care.

#### Support Services to the Caregivers

Identify the support services to be provided to the caregiver to help them meet the child's needs and to ensure that the child receives safe and proper care. Include the planned frequency of worker visits to the child and to the



Case Name: So. Jonna S.

Case #: 17020998

Child's Name: Mark A Soliz DOB: 1/27/1982

### CHILD'S SERVICE PLAN Review

caregiver's home.

Identify the support services to be provided to the caregiver to help them meet the child's needs. Include the planned frequency of worker visits to the child and to the foster home or group-care facility.

Mark is currently on an unauthorized absence. Mark is more than likely living from relative to relative and/or with friends. Monthly attempts to known relative's home will be made in an attempt to bring Mark back into care. A run away/escapee report has been made to Fort Worth Police Department.

#### Travel

The child may travel to participate in normal activities (examples: church, school events). Any trips that last more than 72 hours must be approved in advance by the child's worker. Trips outside the state must be approved in advance by the child's worker and by the court. Additional stipulations regarding the child's travel are specified below.

Mark's Travel privileges have been suspended due to being in jail and being on an authorized absence. Mark was arrested in July of 1999 for  
Upon Mark's release he refused to return to care.

Case Name: Soliz, Jonathan S

Case #: 17020998

Child's Name: Mark A Soliz DOB: 1/27/1982

## CHILD'S SERVICE PLAN Review

### INVITED PARTIES AND PARTICIPATION INFORMATION

NAME	RELATIONSHIP TO CASE	DATE OF NOTIFICATION	TYPE OF NOTIFICATION	DATE COPY GIVEN	DATE OF PARTICIPATION
Onyebuchi, Will N	PRS Staff	10/20/1999	Verbal	10/20/1999	10/20/1999
Flores, Laura A	PRS Staff	10/20/1999	Verbal	10/20/1999	10/20/1999
Rutherford, Eula E	PRS Staff	10/20/1999	Verbal	10/20/1999	10/20/1999

### EXPLANATION IF NO PARTICIPATION BY CHILD, MOTHER, FATHER OR CAREGIVER

On 09-23-97 TDPRS was granted PMC. Ms. Soliz has had no involvement with Mark or myself due to being in jail. Mr. Saenz has made it clear that he does not wish to be involved in any way, except to pay child support for Mark. Mark is currently on an unauthorized absence.

	Date		Date
Signature-Worker		Signature-Child (Optional)	

	Date		Date
Signature-Supervisor		Signature-Level One Child-Placing Staff (Required for initial placement only)	

	Date
Signature-Program Director (required for initial placement only)	

Attach a copy of the following updated items to the plan shared with the caregiver, unless this information has already been provided or obtained by the caregiver:

- medical log
- education log
- medical/developmental history, and
- the record of immunizations

### Common Application for Placement of Children in Residential Care

#### LEVEL OF CARE ASSESSMENT

##### A. Screening Profile

Child's Name Mark A Soliz		Date of Birth 1/27/1982		Age 15	Social Security Number
Sex Male	Ethnicity Hispanic	Primary Language	Place of Birth (city, state, country)		Child's Agency ID Number 20338197
Height 0 ft 0 in	Weight 0	Religious Preference	Child's Current Location or Placement <b>See current placement log</b>		
Country of Citizenship					

#### 1. Briefly describe your impressions of the child including present problems:

Mark is very personable and capable of getting along well with other, however, Mark is also very attention seeking. Mark craves attention (positive or negative) and if acting out negatively gets a attention he will act out. Mark can be disruptive in school and at bed time. Mark at times can be defiant and physically aggressive. Mark is impulsive and test limits. Recently Mark has begun to make measurable improvement with his anti-social behaviors. Mark has begun to accept accountability for his actions and display remorse. Mark had begun to differentiate his criminal activities and his anti-social behaviors as abnormal in a therapeutic setting. Mark at times has difficulty standing on his own merits and not following his peers, however, has begun to develop leadership skills. Mark had gained the trust of his foster parents and been allowed more liberties. Mark also needs to address his family's lack of involvement and nurturing in a therapeutic setting as well.

#### Briefly describe the child's strengths:

Mark displays a mild mannered and sensitive demeanor. He has demonstrated good social skills and was learning leadership skills. Mark enjoys participating in recreational activities and will participate in therapeutic session although he will attempt to keep it at a superficial level. Mark is able to form attachments to adults and peers. Mark had begun to mature and become more responsible. Mark had earned the trust of his foster parents.

#### Special Needs, Problems and Behaviors

Is child considered a danger to self?	Yes	No	Is child considered a danger to others?	Yes	No	Number runaways from home:	0
Number runaways from placement:	6		Any history of setting fires?			Yes	No
Special Program Needs?							
Maternity	Yes	Preparation for Adult Living	Yes	Other:	Yes	Specify: GED; if possible Driver's Education	

#### 3. Juvenile Justice History

Does the child have a history of involvement with the juvenile justice system?				Yes	No	Unknown
If Number of referrals	10	Number of adjudications	3	Number of adjudications for CINS offenses:	0	Current Offense
Yes: to juvenile authorities:		for delinquent acts:				Unauthorized use of motor vehicle and evading arrest

#### 4. Placement History

Has the child been placed away from home before? Do not include stopover placements such as emergency shelters, detention, TYC Reception Center, informal placements with relatives, or return(s) to home				Yes	No	Unknown
If yes: Number of previous out-of-home placements:	See current placement log	Number of failed adoption placements:	See current placement log	LOC of current/most recent out-of-home placement:	4	
Date of discharge from most recent out-of-home placement:	Reason for Discharge: Charged with Unauthorized use of motor vehicle, arrested, and detained.					
<b>See current placement log</b>						

#### 5. Substance Abuse History

Does the child have a history of substance abuse?				Yes	No	Unknown
---	--	--	--	-----	----	---------

If yes, indicate degree of substance abuse:

Alcohol	Unknown	None	Mild	Moderate	Severe	Inhalants	Unknown	None	Mild	Moderate	Severe
Cocaine/Crack	Unknown	None	Mild	Moderate	Severe	Marijuana	Unknown	None	Mild	Moderate	Severe
Other Drugs (Specify)									Mild	Moderate	Severe

Common Application for Placement of Children in  
Residential Care

Is specialized program required?				
	Yes	No	Unknown	Foster Home
				If yes, specify: Therapeutic Group

### Common Application for Placement of Children in Residential Care

**6. History of Abuse and Neglect (SEE SECTION 6)**

Does the child have a history of abuse or neglect?

Yes ☒ No ☐ Unknown ☐

If yes, indicate degree: Physical					Sexual				
Unknown	None	Mild	Moderate	Severe	Unknown	None	Mild	Moderate	Severe
Emotional					Neglect				
Unknown	None	Mild	Moderate	Severe	Unknown	None	Mild	Moderate	Severe

Abandonment?

Yes ☐ No ☐ Unknown ☐**7.-8. Family/Parental Involvement**

Legal Status: PMC/ Rts Not Term as of 11/28/1995			
Will family/others participate in treatment or		Can child return home?	
cooperate with others?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes-Permanently <input type="checkbox"/>	No-Not At All <input type="checkbox"/> For Visits Only <input type="checkbox"/> Unknown <input type="checkbox"/>

**9. Education**

Highest Grade Completed 10 th Grade	Currently Enrolled in School? Yes <input type="checkbox"/> No <input type="checkbox"/>	Educational Needs Regular Classes <input type="checkbox"/>	Vocational Other (specify): _____	Resource _____	Special Education _____
History of Truancy? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		On Campus <input type="checkbox"/>			
IQ Scores: Full Scale 83		Verbal 78	Performance 93	Date of Most Recent IQ Test 07-28-98	Name of Test WISC-III

**10. Physical Health/Disabilities**

Does the child have a diagnosed or suspected health condition or disability?

Yes ☐ No ☐ Unknown ☐

If yes, describe the condition and treatment required, if any:

Condition Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Unknown <input type="checkbox"/>	Severity Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown <input type="checkbox"/>	Requires Specialized Treatment Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
List Current Medications _____		List Allergies _____

**11. Mental Health**

Does the child have mental health needs requiring treatment?

Yes ☐ No ☐ Unknown ☐

Date of most recent psychological or psychiatric evaluation:

07-28-98

DSM III Diagnosis: Anger control and oppositional defiant behaviors. Depressive D/O NOS

Condition Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Unknown <input type="checkbox"/>	Severity Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown <input type="checkbox"/>	Requires Specialized Treatment Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Psychotropic medications prescribed? <input type="checkbox"/> If yes, specify: _____		
Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Referring Agency/Organization PRS	Agency Contact Person Laura A Flores	Telephone No. (Inc. A/C) (817) 590-9508 255
Agency Address 951 W PIPELINE ROAD SUITE 310 HURST, TX, 76053-4849		
Name of Person Completing Form Laura A Flores	Title Child Protective Services Specialist I	Date Completed 3/6/1997
Where Placed--Facility Name and Location <i>See current placement log</i>		

**Common Application for Placement of Children in  
Residential Care**

**A. Recommended level of care**

List the key elements, in order of importance, that led you to the recommended Level of Care:

**1. Most important:**

Involved in criminal activities placing himself and others at risk.

**2. Next most important:**

Anti-social behaviors- shows no remorse for his actions.

**3. Third most important:**

Physical aggressive behaviors towards other.

Other considerations or comments, if any:

**B. Billing Level of Care**

4

If the billing level of care is different from the recommended level of care, explain:

Common Application for Placement of Children in  
Residential Care

C. Referral/Admissions Packet

CONTENTS		
SECTION 1--Social and Developmental Assessment	SECTION 5--Substance Abuse History	SECTION 9--Education
SECTION 2--Special Needs, Problems, and Behaviors	SECTION 6--History of Abuse/Neglect	SECTION 10--Physical Health/Disabilities
SECTION 3--Juvenile Justice History	SECTION 7--Family History	SECTION 11--Mental Health
SECTION 4--Placement History	SECTION 8--Financial Information	SECTION 12--Other Attachments

**SECTION 1--Social and Developmental Assessment**

Describe the child's general social and developmental history. Feel free to expand the description of your impressions of the child. Be sure to include all of the following:

**A. A description of the circumstances that led to the child's referral.**

Mark ran away from his placement (Buckner's Baptist Children's Home), broke into a business, and led police on an 85 mph chase. After being released from Dallas County Juvenile Detention Center Mark was placed in a shelter (The City House Shelter). There he assaulted staff.

**B. The immediate and long-range goals of placement.**

Immediate goals are academics, counseling, and drug treatment.

Long-range goals - Mark requires a provider that can adequately address his aggressive anti-social behaviors and provide stability and structure.

**C. A description of the child's relationship with other significant adults and children.**

Mark is able to form attachments with adults and children. He tends to be a follower. Mark has difficulty standing on his own merits and not following his peers. Mark craves attention. Mark makes verbal threats to staff and peers and has been physically aggressive on several occasions.

**D. A description of the child's behavior, including both appropriate and inappropriate behavior:**

Mark has difficulty taking responsibility for his actions. He usually displays a mild mannered sensitive individual. Mark can become inexplicably angry. Mark will discuss with peers his families lack of involvement. Mark has taken a leadership role in Boy Scout. Mark craves attention (positive or negative) and if acting out negatively gets attention he will act out.

**E. The child's developmental history and current level of functioning.**

Mark appears to be age appropriate in functioning and development but is needy for attention and structure.

**Common Application for Placement of Children in  
Residential Care**

**SECTION 2--Special Needs, Problems and Behaviors**

Describe in detail the special needs, problems, or behaviors identified in Section 2 of the Screening Profile.

**A. Suicide history. Describe in detail suicide attempts and suicidal gestures. Include the number of suicide attempts, and the date of the last known suicide attempt.**

Mark displays suicidal gestures frequently which will take the form of choking himself. Mark may use suicidal threats and gestures to control people.

**B. History of assaultive behavior.**

Mark has an extensive history of assaultive behavior; the more recent being threatening staff at The City House Shelter with a knife and two physical confrontation with peers while in Dallas County Juvenile Detention Center.

**C. Runaway history.**

Mark has runaway from his placement at Buckner's on three occasions including the most recent runaway on 01-03-1997. Mark has in the past runaway on foot to visit his girlfriend. Mark returned on his own two hours later weary from the travel. The most recent runaway involved stealing a facility owned vehicle and driving it through the grounds gate. He then broke into a business and stole a cell phone and pager. In an attempt to evade police he went on a 85 mph speed and when the car blew a tire he continued to run on foot until accosted.

**D. Other significant needs, problems and behaviors (including setting fires, maternity, etc.).**



Case #: 17020998  
 Child's Name: Mark A Soliz  
 DOB: 1/27/1982

Common Application for Placement of Children in Residential Care

SECTION 3 -- Juvenile Justice History

REFERRALS (list only one referral per date)			DISPOSITIONS		
Date	Offense	Level*	Penal Code	Type**	Date
11-25-92				AP	11-25-92
01-03-97					
01-19-97					

\*LEVEL OF OFFENSE CODES: \*\*TYPE OF DISPOSITION CODES:

Total Number of Referrals: (Count only one per date)	3	FL= Felony MI= Misdemeanor FC= Family Code	CR= Counselor and Released IA= Informal Adjustment AP= Adjudicated to Probation PT= Proven by TYC Hearing	RD= Refused/Dismissed AT= Adjudicated to TYC CA= Certified as Adult
Total Number of Adjudications/ Certifications (AP, AT, PT, or CA): (Count only one per date)	1			

**Common Application for Placement of Children in  
Residential Care**

Briefly describe the child's history of delinquency. Include a description of contributing factors, and any patterns of delinquency you detect. Indicate whether the child is a follower or a leader.

Mark tends to be a follower and principally steals, damages property, and is threatening. Mark's delinquent behavior usually surfaces after Mark has had some contact with family (home visits). Mark appears to be assaultive verbally and physically after passes with family.

Describe the child's most recent criminal episode, contributing factors, the child's actions or role in the episode, and how this episode fits into the child's history of delinquency.

Mark had spent the 1996 Christmas holidays with his family. After his return to placement (01-03-97) Mark stole a facility car and drove through the grounds gate. Mark then stole some property from a local business and in an attempt to evade police he went on a speed chase with police. Mark runaway with other children and was the one driving the vehicle. This delinquent episode is typical of Mark's history of delinquent behavior.

Does the child have gang affiliation? Yes No Unknown If yes, gang name: Mark claims several gangs  
Do any family members or relatives have gang affiliation? Yes No Unknown If yes, gang name: Variety of gang affiliation

**TYC COMMITMENT**

County _____		Commitment Date _____	Judge's Last Name _____	Court Name _____
Cause No. _____	Prosecuting Attorney's Name _____			Probation I.D. No. _____

TYPE OF COMMITMENT: Direct Commitment Revocation of Probation

Probation Failure Yes No	If yes, describe most serious offense for which on probation: _____	Offense Code _____
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Reason for Failure \_\_\_\_\_

Description of Current Offense _____	Offense Code _____
--------------------------------------	--------------------

<b>Weapon Used</b>				Determinate Sentence Yes No	Time (yrs./mos.) _____
Firearm _____	Cutting Instrument _____	Blunt Object _____	Hands, Feet, etc. _____		
Other _____	None	Unknown			

<b>OFFENSE LEVEL</b>	<b>Felony</b>	<b>Misdemeanor</b>	<b>Other</b> Specify: _____
	Capital 1 2 3	A B C	

Gang Related Yes No Unknown	Date of Prior TYC Commitment _____	Description of Offense _____	Offense Code _____
--------------------------------	------------------------------------	------------------------------	--------------------

**ATTACH ALL COURT ORDERS INVOLVING THE JUVENILE JUSTICE SYSTEM**

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Date: 1/27/1982

**Common Application for Placement of Children in  
Residential Care**

**Section 4--Placement History**

*PRINT OUT PLACEMENT LOG AND ATTACH HERE*

**Common Application for Placement of Children in  
Residential Care**

**SECTION 5--Substance Abuse History**

- A. Describe the child's history of substance use, abuse, manufacture, possession, and/or delivery.

Mark began using drugs at the age of 12. Mark's alcohol and inhalants use was severe while his use of marijuana was moderate. Presently Mark is sniffing white out and glue the last known incident being in September of 1996.

- B. Describe the child's family history of substance use, abuse, manufacture, possession, and/or delivery. Include not only parents and siblings, but also extended-family members (such as grandparents, aunts, uncles) even if they do not live in the same household as the child.

Mark's mother is an admitted drug user. Mark's mother has been using drug for over 15 years. Mother has admitted herself twice in a drug treatment program and failed to complete either. Mother stayed with the last program only five days.

- C. Describe any treatment the child has received for substance abuse and the success or failure of this treatment. Include the lengths and dates of treatment, whether the program was residential or outpatient, whether the child completed the program, whether the family was included in the treatment and so on

Drug education was received through residential treatment facility at Buckner's.

**Common Application for Placement of Children in  
Residential Care**

**SECTION 6--History of Abuse and Neglect**

**A. Type of Abuse and Neglect :**

Allegation	Disposition
Refuse Parental Resp	Reason to Believe
Neglectful Supv. (CPS)	Reason to Believe

**B. What did the parent/perpetrator do? Summarize the role of each parent/perpetrator.**

Mother was the designated perpetrator. Mother is a known crack and heroin addict. Mark was at his initial placement for 6 months before mother visited him. Mother would make plans to visit then not show up. Mother will say she wants Mark but has not worked to reunite the family. Mother has no home or stability and is a severe drug user. When Mark was living with family there was no adult supervision. Mark was allowed to fend for himself.

Mark's biological father has no emotional ties to Mark and cannot provide a home for him

**C. What happened to the child? Summarize the extent of harm (or the substantial risk of harm) to the child.**

Mark is very angry about his families lack of involvement. Mark's behavior fluctuates from being mild mannered to threatening and assaultive to others. Mark is very loyal to his family to the point that he is delusional about them. Mark talks about returning home with his family.

Case Name: Soliz, Donna S  
 Case #: 17029998  
 Child's Name: Mark A Soliz  
 Date of Birth: 1/27/1982

**Common Application for Placement of Children in Residential Care**

**SECTION 7--Family History**

Home Address (Street, City, State, Country, ZIP) 5200 S BUCKNER BLVD DALLAS, TX 75227-2006		Telephone No. (inc. A/C) (214) 319-3406
Marital Status of Birth Parents Never Married      Married      Separated      Widowed		
Marital Status of Adoptive Parents Never Married      Married      Separated      Widowed		
Deaths in immediate family (list names, relationships, and the referred child's age at the time of each death): <b>See Attached Medical/Developmental History</b>		
If adopted, what does the child know about his or her birth parents? _____		

**Significant Persons**

Name: Donna S Soliz  
 Relationship: Other  
 DOB: 10/1/1959  
 DOD:  
 Address: 1225 DENVER AVE FORT WORTH, TX 76106-9009  
 In Home? Yes ☐ No ☐  
 Currently Involved with the child? Yes ☐ No ☐

Name: Mike J Ortega  
 Relationship: Other  
 DOB: 1/5/1978  
 DOD:  
 Address: 1704 WATER ST FORT WORTH, TX 76102-5761  
 In Home? Yes ☐ No ☐  
 Currently Involved with the child? Yes ☐ No ☐

**Other Persons**

Name	Date of Birth*	Relationship	Social Security No.
Address (Street, City, State, Country, ZIP)		Telephone No. (Inc. A/C)	Currently Involved with Child Yes No
Name	Date of Birth*	Relationship	Social Security No.
Address (Street, City, State, Country, ZIP)		Telephone No. (Inc. A/C)	Currently Involved with Child Yes No
Name	Date of Birth*	Relationship	Social Security No.
Address (Street, City, State, Country, ZIP)		Telephone No. (Inc. A/C)	Currently Involved with Child Yes No
Name*	Date of Birth*	Relationship	

\*Give approximate age if date of birth is unknown.

Characteristics of Individual Family Members with Whom Child has Lived:	NO	YES	FAMILY MEMBER(S)
Violent Toward Family Members			None documented

Common Application for Placement of Children in  
Residential Care

2. Suicide			None documented
3. Substance Abuse Problems			Mother- Donna Soliz DOB 10-01-59
4. Criminal Behavior			Brother- Mike Ortega
5. Involving a Child in Criminal Behavior			None documented
6. Mental Retardation or Limited Intellectual Ability			None documented
7. Mental Illness or Disability			None documented
8. Physical Illness or Disability			None documented
9. Sexual Deviance			None documented

Characteristics of the Family as a Whole with Whom Child has Lived:	Not At All Like Family	Somewhat/ Sometimes Like Family	Very Much or Often Like Family		Not At All Like Family	Somewhat/ Sometimes Like Family	Very Much or Often Like Family
1. Chronic Poverty				7. Difficult or Unacceptable to Express Emotions			
2. Chaotic Home Environment				8. Frequent Family Moves or School Moves			
3. Rigid, Inflexible				9. Child Moved from One Parent or Family Member to Another			
4. Smothering; Individualization of Members is Discouraged				10. Concern with Psychosomatic Complaints			
5. Enmeshed; Few Outside Involvements				11. Social Isolation			
6. Discipline Skills Lacking				12. Illiteracy			

**Common Application for Placement of Children in  
Residential Care**

Briefly describe the child's relationships with family members and significant others, both in and out of the home. Address both strengths and weaknesses.

Mark does not have a lot of contact with his family members. Mark will make phones and speak with family members but Mark is usually the one that initiates the contacts. Mark is very loyal to his family. The last home visit Mark had was during Christmas of 1996. Mark's mother stayed at the house for only a few hours and went out. When Mark is home he does not get a lot of adult supervision.

Briefly describe the overall family situation, highlighting the positive and negative aspects of the child's family environment including all the "Family Characteristics" checked previously.

**Mark's mother is an admitted drug addict with an unstable lifestyle and no permanent address. One of the reasons Mark got into trouble with the law was due to a lack of supervision. Mark was fending for himself. Mark's mother was admitted to a drug treatment program twice but did not complete either program.**

**Mark's biological father has steady employment but is unable to provide a home for Mark. He has no emotional ties to Mark.**

Other significant information:



**Common Application for Placement of Children in  
Residential Care**

**SECTION 8--Financial Information**

Attach: A copy of client's Medicaid card, if any.

Name of Responsible Male	Disabled? Yes No	Occupation
Employer	Salary per	
Employer's Address		
Other Income Source (1)	Amount	Other Income Source (2) Amount

Name of Responsible Female	Disabled? Yes No	Occupation
Employer	Salary per	
Employer's Address		
Other Income Source (1)	Amount	Other Income Source (2) Amount

Is the family eligible for Medicaid? Yes No Unknown  
Is the family currently receiving Medicaid? Yes No Unknown

**Funds Applicable to Child:**

VA -- Amount	VA No.	Received By		
Social Security -- Amount	Social Security No.	Received By		
HAMPUS -- Amount	CHAMPUS I.D. No.	Received By		
AFDC/SPFC -- Amount	County Paid FC -- Amount	Child Support -- Amount	Paid By	County

**Insurance Applicable to Child:**

Insurance Company Name (1)	Policy Holder	Policy No.
Insurance Company Name (2)	Policy Holder	Policy No.
Insurance Company Name (3)	Policy Holder	Policy No.
Type of Insurance	Basic Medical      Hospitalization      Basic Dental      Orthodontic      Mental Health	

Other Resources Applicable to Child:

**Common Application for Placement of Children in  
Residential Care****SECTION 9--Education**

- Attach:
- A. Current IEP (Individualized Education Plan)
  - B. Most Recent ARD Committee report (if any)
  - C. Transcript
  - D. Adaptive Behavior Level Information (if any)

Name of Most Recent School Attended (See Attached Educational History Log Report)	School District
Address (fill in city and state at least, and street address if known)	

Describe any educational problems, needs, or behaviors not otherwise documented. Add any additional information you feel is important.

PRINT OUT EDUCATIONAL HISTORY LOG AND ATTACH HERE

**Common Application for Placement of Children in  
Residential Care**

**SECTION 10--Physical Health/Disabilities**

Attach: A. Medical Records  
(1) Physical Examination  
(2) Immunization Records  
B. Dental Records

**Describe any physical health problems or disability not otherwise documented. Add any additional information you feel is important.**

*PRINT OUT MED/MENTAL ASSESSMENT LOG AND ATTACH HERE*

Case Name: Soliz, Donna S

Case # 17020998

Child's Name: Mark A Soliz

Date: 1/27/1982

**Common Application for Placement of Children in  
Residential Care**

**SECTION 11--Mental Health**

Attach (as appropriate):

- A. Psychological Report(s)
- B. Psychiatric Report(s)

**Describe any mental health problems not otherwise documented. Add any additional information you feel is important.**

**SECTION 12--Other Attachments**

Attach:

- A. Birth Certificate or Other Birth Verification
- B. Legal Records (if any)
- C. Authorization Forms

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Date: 11/27/1982

Common Application for Placement of Children in  
Residential Care

ATTACHMENT CHECKLIST

Child's Name Mark A Soliz				Date Completed _____
DOCUMENT	ATTACHED	FORTH-COMING	NOT RELEVANT	NOT AVAILABLE BECAUSE
<b>Birth Verification</b>				
Birth Certificate	_____	_____	_____	_____
<b>Legal Records</b>				
Commitment Order	_____	_____	_____	_____
Other Court Orders	_____	_____	_____	_____
Police Records	_____	_____	_____	_____
Divorce Decree	_____	_____	_____	_____
Custody Order	_____	_____	_____	_____
<b>Education</b>				
Individual Education Plan (IEP)	_____	_____	_____	_____
Admission, Review, Dismissal (ARD) Report	_____	_____	_____	_____
Transcript	_____	_____	_____	_____
Adaptive Behavior Level	_____	_____	_____	_____
<b>Physical Health/Disabilities</b>				
Physical Examination	_____	_____	_____	_____
Immunization Record	_____	_____	_____	_____
Dental Record	_____	_____	_____	_____
<b>Mental Health</b>				
Psychological Report(s)	_____	_____	_____	_____
Psychiatric Report(s)	_____	_____	_____	_____
<b>Other</b>				
Medicaid Approval/Application	_____	_____	_____	_____
Medicaid Card	_____	_____	_____	_____
Social Security Card	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**FOSTER CARE ASSISTANCE ELIGIBILITY  
DETERMINATION**

Medicaid No.	Child's Worker Sandra Mcguire	Mail Code 8191
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Eligibility Determination - based on

- ☐ Foster Care Assistance Application  
☒ Foster Care Assistance Review  
☐ Special Review

Received on (date): 01/30/1997

Eligibility Status: State-Paid

Eligibility Start Date: 1/1/1997

Eligibility Review Date: 1/1/1998

Eligibility End Date:

Medicaid Eligibility Group: Regular

Payment Computation for LOC			Notifications
Daily Rate 82.64 30	x \$ 2479.20	-	Have you reported the child's health Insurance on Form 1039? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
Less Child's Monthly Income	\$ 0	-	Have you notified the child's worker of this eligibility determination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
MONTHLY PAYMENT	\$ <u>2479.20</u>	-	-

**Comments-Explain why this child is eligible for the type of foster-care assistance specified above.**

Child is 15 years old. He does not have any income. Child was removed from mother who had 0 income. Parents did not live together. Court orders receive with proper language. Child removed from Buckners after 21 month stay at Juv. Child continues to be eligible for TP 10.

01/30/1997

Signature-Eligibility Worker

Date

cc:

Case Name:	Soliz, Donna S
Case #:	17030998
Child's Name:	Mark A Soliz
DOB:	1/27/1982

**FOSTER CARE ASSISTANCE ELIGIBILITY  
DETERMINATION**

Worksheet (Optional)

1.	Recognizable Needs (See Income Assistance Chart)	_____
2.	Total Gross Earned Income of Certified Group	_____
3.	Total WRE Standard Deduction	- _____
4.	Adjusted Earned Income (Line 2 minus Line 3)	= _____
5.a	\$30 Disregard	- _____
b	Subtotal (Line 4 minus Line 5.a)	= _____
c	1/3 of Line 5.b	- _____
d.	Subtotal (Line 5.b minus Line 5.c)	= _____
6.	Total Child/Incap. Care Costs	= _____
7.	Subtotal (Line 5.d minus Line 6.)	= _____
8.	Total Unearned Income	+ _____
9.	Adjusted Gross Income (Line 7. plus Line 8.)	- _____
10.	Unmet Need (Line 1 minus Line 9)	= _____
11.	GRANT AMOUNT (Round Down to \$)	= _____
Applied Income of Stepparent: Complete only if a noncertified stepparent with income lives in the home.		
1.	Stepparent's Gross Earnings	= _____
2.	Standard Work-Related Expenses Deduction	= _____
3.	Net Earned Income (Line 1 minus Line 2)	= _____
4.	Other Income of Stepparent	+ _____
5.	Total Adjusted Income (Line 3 plus Line 4)	= _____
6.	Payments to Dep. Outside Home	- _____
7.	Alimony and Child support Payments	- _____
8.	Remaining Income (Subtotal)	= _____
9.	100% Needs of Stepparent and Noncert Dep.	= _____
10.	Remaining Needs/Applied Income (Line 8 minus Line 9)	= _____

Case Name:	Soliz, Donna S
Case #:	17020998
Child's Name:	Mark A Soliz
DOB:	1/27/1982

### FOSTER CARE ASSISTANCE ELIGIBILITY DETERMINATION

Medicaid No. 508092037	Child's Worker Laura A Flores	Mail Code 0122
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Eligibility Determination - based on

- ☐ Foster Care Assistance Application
- ☒ Foster Care Assistance Review
- ☐ Special Review

Received on (date): 01-28-98

Eligibility Status: State-Paid

Eligibility Start Date: 1/28/1998

Eligibility Review Date: 1/28/1999

Eligibility End Date:

Medicaid Eligibility Group: Regular

Payment Computation for LOC 05		Notifications	
Daily Rate 99.68	x 30	\$ 2990.40	- Have you reported the child's health Insurance on Form 1039? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
Less Child's Monthly Income		\$ 0.00	- Have you notified the child's worker of this eligibility determination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
MONTHLY PAYMENT		\$ <u>2990.40</u>	-

**Comments-Explain why this child is eligible for the type of foster-care assistance specified above.**

TMC continues. Contrary to review form, placement on CAPs is correct and accepts Loc 05. Child has no income or child support. Bc is in case. SS# is on file. Domicile did not exist at initial certification for an 08 child. = TP10-A

Signature-Eligibility Worker

Date

cc:



**FOSTER CARE ASSISTANCE ELIGIBILITY  
DETERMINATION**

Worksheet (Optional)

1.	Recognizable Needs (See Income Assistance Chart)	_____
2.	Total Gross Earned Income of Certified Group	_____
3.	Total WRE Standard Deduction	- _____
4.	Adjusted Earned Income (Line 2 minus Line 3)	= _____
5.a	\$30 Disregard	- _____
b	Subtotal (Line 4 minus Line 5.a)	= _____
c	1/3 of Line 5.b	- _____
d.	Subtotal (Line 5.b minus Line 5.c)	= _____
6.	Total Child/Incap. Care Costs	= _____
7.	Subtotal (Line 5.d minus Line 6.)	= _____
8.	Total Unearned Income	+ _____
9.	Adjusted Gross Income (Line 7. plus Line 8.)	- _____
10.	Unmet Need (Line 1 minus Line 9)	= _____
11.	GRANT AMOUNT (Round Down to \$)	= _____
<p>Applied Income of Stepparent: Complete only if a noncertified stepparent with income lives in the home.</p>		
1.	Stepparent's Gross Earnings	= _____
2.	Standard Work-Related Expenses Deduction	= _____
3.	Net Earned Income (Line 1 minus Line 2)	= _____
4.	Other Income of Stepparent	+ _____
5.	Total Adjusted Income (Line 3 plus Line 4)	= _____
6.	Payments to Dep. Outside Home	- _____
7.	Alimony and Child support Payments	- _____
8.	Remaining Income (Subtotal)	= _____
9.	100% Needs of Stepparent and Noncert Dep.	= _____
10.	Remaining Needs/Applied Income (Line 8 minus Line 9)	= _____

# **FOSTER CARE ASSISTANCE ELIGIBILITY DETERMINATION**

Medicaid No.	Child's Worker Laura A Flores	Mail Code 0122
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Eligibility Determination - based on

- ☐ Foster Care Assistance Application  
☒ Foster Care Assistance Review  
☐ Special Review

Received on (date): 4/2/99

Eligibility Status: State-Paid

Eligibility Start Date: 1/28/1999

Eligibility Review Date: 1/28/2000

Eligibility End Date:

Medicaid Eligibility Group: Regular

Payment Computation for LOC 03			Notifications
Daily Rate 58.08 x 31	\$ 1800.48	-	Have you reported the child's health Insurance on Form 1039? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
Less Child's Monthly Income	\$ 0.00	-	Have you notified the child's worker of this eligibility determination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>MONTHLY PAYMENT</b>	<b>\$ 1800.48</b>	-	-

**Comments-Explain why this child is eligible for the type of foster-care assistance specified above.**

TMC continues. Placement and LOC correct in CAPs. Child has no income other than child support in the amount of \$120.00 sent to AG. Child has no resources. Bc is in case. SS# is on file. Domicile for TP08 not met at initial cert. therefore, TP10.

Signature-Eligibility Worker

Date

cc:

FOSTER CARE ASSISTANCE ELIGIBILITY  
DETERMINATION

Worksheet (Optional)

1.	Budgetary (100%) Needs (See Income Assistance Chart)	_____
2.	Total Gross Earned Income of Certified Group	_____
3.	Total WRE Standard Deduction (\$90)	_____
4.	Adjusted Earned Income (Line 2 minus Line 3)	_____
5.	Total Child/Incap. Care Costs	_____
6.	Subtotal (Line 4 minus Line 5)	_____
7.	Total Unearned Income	_____
8.	Adjusted Gross Income (Line 6 plus Line 7)	_____
9.	Unmet Need (Line 1 minus Line 8)	_____
<p><b>If Unmet Need is less than Budgetary Need then income is low enough for IV-E.</b></p> <p><b>Applied Income of Stepparent:</b> Complete only if a noncertified stepparent with income lives in the home.</p>		
1.	Stepparent's Gross Earnings	_____
2.	Standard Work-Related Expenses Deduction (\$90)	_____
3.	Net Earned Income (Line 1 minus Line 2)	_____
4.	Other Income of Stepparent	_____
5.	Total Adjusted Income (Line 3 plus Line 4)	_____
6.	Payments to Dep. Outside Home	_____
7.	Alimony and Child Support Payments	_____
8.	Remaining Income (Line 5 minus Line 6 and Line 7)	_____
9.	Budgetary (100%) Needs of Stepparent and Noncert Dep.	_____
10.	Remaining Needs/Applied Income (Line 8 minus Line 9)	_____

Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

DOB: 1/27/1982

## MEDICAL AND DEVELOPMENTAL HISTORY

## CASE PLAN - PART TWO

Complexion _____	Food/Medication Allergies No known allergies
Any Disabilities None documented	

## CHILD'S MEDICAL HISTORY - Obtain medical records as needed.

ITEM	YES	COMMENTS	ITEM	YES	COMMENTS
Gestation Problems		_____	Measles		_____
Prematurity		_____	Mumps		_____
Congenital Defects		_____	Rubella		_____
Birth Injury		_____	Diphtheria		_____
Serious Illness		_____	Tetanus		_____
Serious Accidents		_____	Pertussis		_____
Hospitalizations		at 7 y/o for bacterial infection	Polio		_____
Surgeries		_____	Chicken Pox		at 6 y/o
Seizures		_____	Scarlet Fever		_____
Eye/Ear Infections		frequent as a toddler	Rheumatic Fever		_____
Respiratory Infections		_____	Allergies		No known allergies
Urinary Tract Infections		_____	Constipation/Diarrhea		_____
Vaginal Tract Infections		_____	Worms/Parasites		_____
Venereal Diseases		_____	Digestive Problems		_____
Headaches		_____	Drug Use		_____
Menses/Dysmenorrhea		_____	AIDS/HIV		_____
Enuresis/Encopresis		_____	Fetal Alcohol Syndrome		_____
Sexually Transmitted Disease		_____	Other:		_____

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TX Dept. of Family and Protective Services

Name:

Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

DOB: 1/27/1982

## MEDICAL AND DEVELOPMENTAL HISTORY

## FAMILY HISTORY - Obtain records and death certificates as needed.

DISEASE or CONDITION	BFA	BMO	PGF	PGM	MGF	MGM	AU	UC	—	—
Diabetes	—	—	Yes	Yes	—	—	—	—	—	—
Cardiovascular Disease	—	—	Yes	Yes	Yes high blood press ure	—	Yes high blood press ure	—	—	—
Renal Disease	—	—	—	—	—	—	—	—	—	—
Cancer or Leukemia	—	—	—	—	—	—	—	—	—	—
Tuberculosis	—	—	—	—	—	—	Yes	—	—	—
Emotional/Mental Disorder	—	—	—	—	—	—	—	—	—	—
Mental Retardation	—	—	—	—	—	—	—	—	—	—
Genetic Abnormality	—	—	—	—	—	—	—	—	—	—
Epilepsy/Convulsive Disorder	—	—	—	—	—	—	—	—	—	—
Abuse/Neglect	—	Yes drug abuse	—	—	—	—	—	—	—	—
Arthritis	—	—	—	—	—	—	Yes	—	—	—
Age at Death	—	—	—	—	—	—	Yes	—	—	—
Cause of Death	—	—	—	—	—	—	—	—	—	—

HISTORY OF ILLNESSES PRIOR TO  
TDPRS CONSERVATORSHIP

ILLNESSES, INJURIES, OPERATIONS	YEAR	DOCTOR (If used)	RX
None Documented	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—

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Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

DOB: 1/27/1982

MEDICAL AND DEVELOPMENTAL HISTORY

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name:

Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

DOB: 1/27/1982

## MEDICAL AND DEVELOPMENTAL HISTORY

## CHILD'S BIRTH AND DEVELOPMENT

Prenatal Problems None Documented			Term _____	Birth Weight 8 pounds 15 ounces	
Birth Defects / Birth Injury None Documented			Postnatal Problems None Documented		Age of First Menstruation N/A
Sat Up 7 months	Stood 9 months	Walked 11-12 months	First Teeth 6 months	Words 11 months	Short Sentences 2 years old

## FEEDING HISTORY

Breast No	Formula Similac with Iron	Vitamins Poly Vi-Sol
Appetite Good	Likes _____	Dislikes Carrots, Green Peas
Feeding Problems None Documented		

## HABITS

Sleep No problems documented	Temper Tantrums None Documented	Nervous Habits Dx ADHD at 9 years old
Bowels No problems documented	Bedwetting Until the age of 7 years old	Masturbation _____

## IMMUNIZATION RECORD

In Record	Date Requested
Yes	02-29-96

## BIRTH CERTIFICATE

In Record	Date Requested
Yes	02-28-96

## TB TEST (If needed)

In Record	Date Requested
_____	_____

## TESTS

TEST	NOT TESTED	NORMAL	ABNORMAL
PKU			
Urinalysis			
CBC			
Sickle Cell Hemoglobin			
Lead			

TEST	NORMAL	ABNORMAL
_____		
_____		
_____		
_____		
_____		

TB \_\_\_\_\_

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Case #: 17020998

Child's Name: Mark A Soliz

DOB: 1/27/1982

**FOSTER CARE ASSISTANCE  
REVIEW**

Race Hispanic	Sex M	Medicaid No.	SSN
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If no SSN, date applied for:

Worker's Name Sandra Mcguire	Worker's BJN 03154C02	Mail Code 8191	Telephone No. (817) 590-9508	Extension 251
Worker's Address (Street, City, State, Zip) 951 W PIPELINE ROAD SUITE 310, HURST, TX 76053-4849				

**1. Current Placement**

Name of Placement City House	Facility Number 200184	LOC or Foster Care Daily Rate 4
Address (Street, City, State, Zip) 902 E 16TH ST, PLANO, Texas 75074-5810		Date Placed in Facility 1/14/1997

**2. Deprivation of Parental Support - Address the conditions that apply now to the home from which the child was removed.**

PARENTS	Is either parent receiving disability benefits? If yes, describe. Yes No	
LIVING TOGETHER	Is the primary wage-earner unemployed (AFDC-UP)? Yes No	If the parents are not married, has the man's paternity been established? Yes No
PARENTS NOT LIVING TOGETHER	Check one: Never Married Separation Divorce Desertion Incarceration Death	
CHILD REMOVED FROM A RELATIVE	Name of Relative	Relationship to Child

PARENTAL RIGHTS TERMINATED Date of Termination

Comments:

**3. Child's Currently Effective Income(s) and Resource(s)**

Income Type	Amount	Verification Method	Source
0.00			

Income Not Listed Above Income Type	Amount	Verification Method	Source



Case #: 17020998

Child's Name: Mark A Soliz

DOB: 1/27/1982

**FOSTER CARE ASSISTANCE  
REVIEW**

Resource Type	Amount	Verification Method	Accessibility
	0.00		

**Resources Not Listed Above**

Resource Type	Amount	Verification Method	Accessibility

4. Resources - Does the child have more than \$1000 equity in property and resources? Yes No

5. Alien Status - If the child is a U.S. citizen, skip this item.

Is the child's temporary-residence status still in effect?):..... Yes No	
If yes, when does it expire?	
If yes, complete the following:	Effective Date      INS No.
If no, has the child been granted permanent residency?	Yes No

6. Address for Form 3087 (Medicaid I.D. Card) - if form 3087 is to be sent to someone other than the child's caregiver, specify who:

Name
Medicaid Card Address

7. Extended Education - If the child is under 17, skip this item.

Will the child finish high school or a complete a vocational or technical training program before turning 19? Yes No	Will the child finish high school before turning 20? Yes No	Planned Date of Completion
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Attach a copy of the most recent court orders to this review unless the court has not issued any orders since the last review).

Signature - Child's Worker      Date

Case #: 17020998

Child's Name: Mark A Soliz

DOB: 1/27/1982

FOSTER CARE ASSISTANCE  
REVIEW

Race	Sex	Medicaid No.	SSN
White (Hispanic)	M		

If no SSN, date applied for:

Worker's Name	Worker's BJN	Mail Code	Telephone No.	Extension
Laura A Flores	03163C03	0122	(817) 590-9508	255
Worker's Address (Street, City, State, Zip)				
401 W. SANFORD STE 2040 , ARLINGTON, TX 76011-7087				

## 1. Current Placement

Name of Placement	Facility Number	LOC or Foster Care Daily Rate
Harris County Juvenile Prob.	0	5
Address (Street, City, State, Zip)	Date Placed in Facility	
1401 WARREN DR , MARSHALL, Texas 75672-5893	11/28/1997	

## 2. Deprivation of Parental Support - Address the conditions that apply now to the home from which the child was removed.

PARENTS

Is either parent receiving disability benefits? If yes, describe.

Yes No

LIVING

Is the primary wage-earner unemployed (AFDC-UP)?

If the parents are not married, has the man's paternity been established?

TOGETHER

Yes No

Yes No

PARENTS NOT

Check one:

LIVING TOGETHER

Never Married

Separation

Divorce

Desertion

Incarceration

Death

CHILD REMOVED  
FROM A RELATIVE

Name of Relative

Relationship to Child

Date of Termination

PARENTAL RIGHTS TERMINATED

Comments:

## 3. Child's Currently Effective Income(s) and Resource(s)

Income			
Income Type	Amount	Verification Method	Source
0.00			

Income Not Listed Above			
Income Type	Amount	Verification Method	Source

Resources			
Resource Type	Amount	Verification Method	Accessibility

Case #: 17020998

Child's Name: Mark A Soliz

DOB: 1/27/1982

**FOSTER CARE ASSISTANCE  
REVIEW**

	0.00		
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**Resources Not Listed Above**

Resource Type	Amount	Verification Method	Accessibility

4. Resources - Does the child have more than \$1000 equity in property and resources? Yes No

5. Alien Status - If the child is a U.S. citizen, skip this item.

Is the child's temporary-residence status still in effect?):..... Yes No

If yes, when does it expire?

If yes, complete the following: Effective Date INS No.

If no, has the child been granted permanent residency? Yes No

6. Address for Form 3087 (Medicaid I.D. Card) - if form 3087 is to be sent to someone other than the child's caregiver, specify who:

Name

Medicaid Card Address

7. Extended Education - If the child is under 17, skip this item.

Will the child finish high school or a complete a vocational or technical training program before turning 19? Yes No	Will the child finish high school before turning 20? Yes No	Planned Date of Completion

Attach a copy of the most recent court orders to this review unless the court has not issued any orders since the last review).

Signature - Child's Worker Date

Child's Name: Mark A Soliz

DOB: 1/27/1982

### FOSTER CARE ASSISTANCE REVIEW

Race White (Hispanic)	Sex M	Medicaid No.	SSN
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If no SSN, date applied for:

Worker's Name Laura A Flores	Worker's BJN C0001254	Mail Code 0122	Telephone No. (817) 274-7301	Extension
Worker's Address (Street, City, State, Zip) 401 W. SANFORD STE 204, ARLINGTON, TX 76011-7087				

**1. Current Placement**

Name of Placement Contreras Therapeutic Fg Home	Facility Number 200775	LOC or Foster Care Daily Rate 4
Address (Street, City, State, Zip) 302 MISTLETOE LN, KEENE, Texas 76059-2018		Date Placed in Facility 9/17/1998

**2. Deprivation of Parental Support - Address the conditions that apply now to the home from which the child was removed.**

PARENTS LIVING TOGETHER	Is either parent receiving disability benefits? If yes, describe. Yes No		
PARENTS NOT LIVING TOGETHER	If the parents are not married, has the man's paternity been established? Yes No		
CHILD REMOVED FROM A RELATIVE	Check one: Never Married    Separation    Divorce Desertion        Incarceration    Death		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Name of Relative</td> <td style="width: 30%;">Relationship to Child</td> </tr> </table>	Name of Relative	Relationship to Child
Name of Relative	Relationship to Child		

Date of Termination

PARENTAL RIGHTS TERMINATED

**Comments:****3. Child's Currently Effective Income(s) and Resource(s)**

Income Income Type	Amount	Verification Method	Source
	0.00		

Income Not Listed Above Income Type	Amount	Verification Method	Source
Child Support	\$120.00/month		Eddie Saenz-BFA

Resources Resource Type	Amount	Verification Method	Accessibility
	0.00		

Child's Name: Mark A Soliz

DOB: 1/27/1982

### FOSTER CARE ASSISTANCE REVIEW

#### Resources Not Listed Above

Resource Type	Amount	Verification Method	Accessibility

4. Resources - Does the child have more than \$1000 equity in property and resources? Yes No

5. Alien Status - If the child is a U.S. citizen, skip this item.

Is the child's temporary-residence status still in effect?):..... Yes No

If yes, when does it expire?

If yes, complete the following:                      Effective Date                      INS No.

If no, has the child been granted permanent residency?                      Yes No

6. Address for Form 3087 (Medicaid I.D. Card) - if form 3087 is to be sent to someone other than the child's caregiver, specify who:

Name

Medicaid Card Address

7. Extended Education - If the child is under 17, skip this item.

Will the child finish high school or a complete a vocational or technical training program before turning 19? Yes No	Will the child finish high school before turning 20? Yes No	Planned Date of Completion
		06-01-2000

Attach a copy of the most recent court orders to this review unless the court has not issued any orders since the last review).

Signature - Child's Worker                      Date

Case Name: Soliz, Donna S

Case #: 17028998

Child's Name: Soliz, Mark A

Name:

DOB: 1/27/1982

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

Unit: 54	Date of Last PPT:	Date of This PPT Meeting: 11/26/1996
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### FAMILY INFORMATION

#### I. Identifying Information

##### A. Principals:

<u>Name</u>	<u>DOB</u>	<u>Relationship</u>
Mark A Soliz	1/27/1982	Self
Donna S Soliz	10/1/1959	Other
Mike J Ortega	1/5/1978	Other

#### II. Family Service Plan

##### A. Date of the Family Service Plan being reviewed for this meeting:

May 5, 1996

##### B. Extent of Family's compliance with the service plan ( i.e. is the family attending counseling)

Ms. Soliz has made little progress on her service plan. She was admitted twice to an in-patient drug treatment program, but did not complete either program. She continues to live an unstable lifestyle. Mr. Saenz is paying child support, as he agreed to do.

##### C. Extent of Family's progress with service plan ( i.e. is the family benefiting from counseling.)

She is not progressing at all

##### D. Why isn't it safe for the child to go home yet?

mom cannot provide a safe environment and his behaviors are very aggressive

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Soliz, Mark A

Name:

DOB: 1/27/1982

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

### CHILD INFORMATION

#### **I. Current Placement**

Name of Placement\*: BUCKNER BAPTIST CHILDR

Living Arrangement: Basic Child Care

Authorized LOC: 4

Date Placed in Facility: 6/5/1996

(\* respect confidentiality of caregiver as necessary)

#### **A. Date CVS child initially placed in substitute care**

Conservatorship Removal Date: 11-27-95

Conservatorship

Removal Reason:

Mark was court  
ordered to  
placement at  
Buckner's  
treatment facility  
on 2-9-94 after  
getting involved  
with JPD. The  
plan for Mark had  
been for him to  
return to his  
mother after  
discharge, but  
Ms. Soliz made  
no effort to work  
towards having  
Mark returned. On  
11-27-96 the  
court ordered that  
Mark be placed in  
custody of the  
Texas Dept. of  
Protective and  
Regulatory  
Services .

#### **B. Date of most recent entry into substitute care if different from above**

Conservatorship Removal Date:

Conservatorship

Removal Reason:

#### **C. Reason for CPS involvement (include risk/safety factors):**

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

At the time Mark was to be discharged from the Buckner program (after being sent there through the JPD system), the case was referred to CPS for investigation. Mark's mother admitted to being a drug addict with an unstable lifestyle and no permanent address. CPS had previously investigated Ms. Soliz several times for not supervising her children properly. Mark's older brother was in jail at the time, and one of the reasons that Mark had gotten in trouble with the law was because he was fending for himself with no responsible adult to supervise him.

**D. Current type of legal custody**

Current Legal Status: PMC/ Rts Not Term  
Legal Status Date: 11/28/1995

**E. Next Ch.263 review date:**

May 1997

**F. Any other scheduled court hearings?**

No

### II. Services to the Child

**A. Date of Child's Service Plan being reviewed for this meeting:**  
5-5-96

**B. Child's Permanency Plan**

1. 1. Long-range permanency goal: Family Reunification had been the plan, but it seems like long term care may be a more realistic plan for Mark.
2. 2. Proposed date to achieve permanency (dismiss TDPRS Conservatorship):  
The plan and the proposed date are both uncertain at this time.
3. 3. Date that permanent placement is expected to be achieved ( i.e. placement into own home, relative home, or adoptive home):  
Uncertain.

**C. Continued Need for Placement**

4. 1. Why is placement appropriate to meet the individual needs of the child? (i.e. What are the services offered by the caregiver, how does this placement maintain sibling relationships, how are child's level of care service needs being addressed, etc.)  
He receives safety, structure and consistency
2. Why does the child continue to need out of home placement ( i.e. foster care, relative care, etc.). [example: parents cannot provide a safe environment or child's aggressive behavior is prohibiting an adoptive or relative placement]  
Mom cannot provide a safe environment and his behaviors are still very aggressive
3. Extent of compliance with the child's service plan. (i.e. is the child in resource classes)



Case Name:	Soliz, Donna S
Case #:	17020898
Child's Name:	Soliz, Mark A
DOB:	1/27/1982

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

He is full residential treatment services.

4. Extent of progress on the child's service plan ( i.e. are the resource classes benefiting the child)

He still has aggressive behaviors and has other behavior problems

5. Are there any additional recommendations to help achieve the child's permanency goal?

SSI benefits will be applied for.

### III. Conclusion

**A. Other Comments:**

He will be going to a friend of the family's for Thanksgiving. He is not on any meds.

**B. Long Term Care in Adulthood** *(only for youth who are 16 or older and have special characteristics such as physical or mental disabilities.):*

Is it a possibility this youth will need a guardian as an adult? Yes \_\_\_\_ No \_\_\_\_

If No, disregard the following question:

Are there any relatives who might be willing to assume guardianship? Yes \_\_\_\_ No \_\_\_\_

NOTE: Referral to APS must be made before the child's 17th birthday if there is no one who will assume guardianship.

Third Party Convener Barney Hisanaga Date for next PPT: 2/97

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

DOB: 1/27/1982

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

Unit: 54	Date of Last PPT: 11/26/1996	Date of This PPT Meeting: 2/11/1997
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### FAMILY INFORMATION

#### I. Identifying Information

##### A. Principals:

<u>Name</u>	<u>DOB</u>	<u>Relationship</u>
Mark A Soliz	1/27/1982	Self
Donna S Soliz	10/1/1959	Other
Mike J Ortega	1/5/1978	Other

#### II. Family Service Plan

A. Date of the Family Service Plan being reviewed for this meeting:  
November 1996

B. Extent of Family's compliance with the service plan ( i.e. is the family attending counseling)

Ms. Soliz has made little progress on her service plan. She was admitted on two occasions to an in-patient drug treatment program. Both times she failed to complete the program. She has not been attending a twelve step program, and she continues to live an unstable lifestyle.

C. Extent of Family's progress with service plan ( i.e. is the family benefiting from counseling.)

She is not progressing very much

D. Why isn't it safe for the child to go home yet?

Mom cannot provide a safe environment and Mark's aggressive behaviors.

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

DOB: 1/27/1982

**PERMANENCY PLANNING  
ADMINISTRATIVE CASE REVIEW****CHILD INFORMATION****I. Current Placement**

Name of Placement\*: Dallas County Juvenile Detention Center

Living Arrangement:

Authorized LOC: 5

Date Placed in Facility: 02-03-97

(\* respect confidentiality of caregiver as necessary)

**A. Date CVS child initially placed in substitute care**

Conservatorship Removal Date:

Conservatorship

Removal Reason:

**B. Date of most recent entry into substitute care if different from above**

Conservatorship Removal Date: 11-27-95

Conservatorship Mark was court ordered to placement at Buckner's treatment facility on

Removal Reason: 2-9-94 after getting involved with JPD. The plan for Mark had been to return him to his mother. However, Ms. Soliz did not work with JPD or Buckners, and the court was not comfortable discharging Mark to his mother's care. On 11-27-95 the court ordered that Mark be placed in the custody of TDPRS, and he remained in the Buckner program.

**C. Reason for CPS involvement (include risk/safety factors):**

At the time Mark was to be discharged from the Buckner program (after being sent there through the JPD system), the case was referred to CPS for investigation. Mark's mother admitted that she was a drug addict with an unstable lifestyle and no permanent address. CPS had previously investigated Ms. Soliz several times for not supervising her children properly. Mark's older brother was in jail at the time, and one of the reasons that Mark had gotten in trouble with the law was because he was fending for himself with no responsible adult to supervise him.

**D. Current type of legal custody**

Current Legal Status: TMC/ Rts Not Term

Legal Status Date: 11/28/1995

**E. Next Ch.263 review date:**

May 1997

**F. Any other scheduled court hearings?**

Mark's behavior has involved him with the juvenile system in Dallas, Collin and Tarrant Countys. A hearing is pending regarding his recent criminal charges, but a date has not

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

DOB: 1/27/1982

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

been set.

### II. Services to the Child

**A. Date of Child's Service Plan being reviewed for this meeting:**

November 1996

**B. Child's Permanency Plan**

1. 1. Long-range permanency goal: Foster Care with Commitment
2. 2. Proposed date to achieve permanency
1. The plan and the proposed date are uncertain at this time.
1. 3. Date that permanent placement is expected to be achieved ( i.e. placement into own home, relative home, or adoptive home):  
Uncertain.
- C. Continued Need for Placement**
  1. 1. Why is placement appropriate to meet the individual needs of the child? (i.e. What are the services offered by the caregiver, how does this placement maintain sibling relationships, how are child's level of care service needs being addressed, etc.)  
He receives saety, structure and consistency
  2. Why does the child continue to need out of home placement ( i.e. foster care, relative care, etc.). [example: parents cannot provide a safe environment or child's aggressive behavior is prohibiting an adoptive or relative placement]  
Mom cannot provide a safe environment and Mark's behaviors are very aggressive
  3. Extent of compliance with the child's service plan. (i.e. is the child in resource classes)  
He is in detention in Dallas.
  4. Extent of progress on the child's service plan ( i.e. are the resource classes benefiting the child)He visited his family at Thanksgiving and Christmas. He stole a staff car at Buckner's, stole merchandise at a store and tried to break into a mall. He stole a knife. The police chased them and he led them on a high speed chase. He is in detention now and he has charges against him. He is showing no remorse.
  5. Are there any additional recommendations to help achieve the child's permanency goal?  
Worker will work on getting his SSI benefits  
Worker thinks he would do well at a wilderness camp.  
Worker will pursue any possible relative placements and will do a report to the court regarding all that Mark has done.

### III. Conclusion

**A. Other Comments:**

He is not on any meds.

Page 3 of 4

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

**PERMANENCY PLANNING  
ADMINISTRATIVE CASE REVIEW**

**B. Long Term Care in Adulthood** (only for youth who are 16 or older and have special characteristics such as physical or mental disabilities.):

Is it a possibility this youth will need a guardian as an adult? Yes \_\_\_\_ No \_\_\_\_

If No, disregard the following question:

Are there any relatives who might be willing to assume guardianship? Yes \_\_\_\_ No \_\_\_\_

NOTE: Referral to APS must be made before the child's 17th birthday if there is no one who will assume guardianship.

Third Party Convener Barney Hisanaga Date for next PPT: 5/97

Case Name:	Soliz, Donna S
Case #:	17020998
Child's Name:	Mark A Soliz
DOB:	1/27/1982

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

Unit: 54	Date of Last PPT: 2/11/1997	Date of This PPT Meeting: 5/13/1997
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### FAMILY INFORMATION

#### I. Identifying Information

##### A. Principals:

<u>Name</u>	<u>DOB</u>	<u>Relationship</u>
Mark A Soliz	1/27/1982	Self
Donna S Soliz	10/1/1959	Other
Mike J Ortega	1/5/1978	Other

#### II. Family Service Plan

A. Date of the Family Service Plan being reviewed for this meeting:  
5-5-97

B. Extent of Family's compliance with the service plan ( i.e. is the family attending counseling)  
Mother is not in compliance.

C. Extent of Family's progress with service plan ( i.e. is the family benefiting from counseling.)  
Mother is not progressing since there is no compliance.

D. Why isn't it safe for the child to go home yet?  
Mother cannot provide a safe environment.

Case Name: Soliz, Donna S

Case #: 17020988

Child's Name: Mark A Soliz

DOB: 1/27/1982

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

### CHILD INFORMATION

#### **I. Current Placement**

Name of Placement\*: Azleway Boys Ranch Inc

Living Arrangement: Residential Treat

Authorized LOC:

Date Placed in Facility: 3/21/1997

(\* respect confidentiality of caregiver as necessary)

#### **A. Date CVS child initially placed in substitute care**

Conservatorship Removal Date: 11-27-95

Conservatorship Removal Reason:

Mark was court ordered to placement at Buckners' RTC on 02-09-94 after getting involved with JPD. The plan was to return Mark to his Ms. Soliz, however, she made no effort to have Mark returned to her. Mark was court ordered to the custody of TDPRS.

#### **B. Date of most recent entry into substitute care if different from above**

Conservatorship Removal Date:

Conservatorship

Removal Reason:

#### **C. Reason for CPS involvement (include risk/safety factors):**

At the time Mark was to be discharged from the Buckner program (after being sent there through the JPD system), the case was referred to CPS for investigation. Mark's mother admitted that she was a drug addict with an unstable lifestyle and no permanent address. CPS had previously investigated Ms. Soliz several times for not supervising her children properly. Mark's older brother was in jail at the time, and one of the reasons that Mark had gotten in trouble with the law was because he was fendng for himself with no responsible adult to supervise him.

#### **D. Current type of legal custody**

Current Legal Status: TMC/ Rts Not Term

Legal Status Date: 11/28/1995

#### **E. Next Ch.263 review date:**

May 29, 1997

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

DOB: 1/27/1992

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

F. Any other scheduled court hearings?

No

### II. Services to the Child

A. Date of Child's Service Plan being reviewed for this meeting:

5-5-97

B. Child's Permanency Plan

1. 1. Long-range permanency goal: Foster Care with Commitment
2. 2. Proposed date to achieve permanency (dismiss TDPRS Conservatorship): 3/1/1998
1. 3. Date that permanent placement is expected to be achieved ( i.e. placement into own home, relative home, or adoptive home):  
six months

C. Continued Need for Placement

1. 1. Why is placement appropriate to meet the individual needs of the child? (i.e. What are the services offered by the caregiver, how does this placement maintain sibling relationships, how are child's level of care service needs being addressed, etc.)  
He receives safety, structure and consistency.
2. Why does the child continue to need out of home placement ( i.e. foster care, relative care, etc.). [example: parents cannot provide a safe environment or child's aggressive behavior is prohibiting an adoptive or relative placement]  
Mother cannot provide a safe environment.
3. Extent of compliance with the child's service plan. (i.e. is the child in resource classes)  
He receives residential treatment services.
4. Extent of progress on the child's service plan ( i.e. are the resource classes benefiting the child)  
He is doing well in his placement. He has not ranaway since the week after he moved in to Alzeway.
5. Are there any additional recommendations to help achieve the child's permanency goal?  
No

### III. Conclusion

A. Other Comments:

He is not on meds.

B. Long Term Care in Adulthood (only for youth who are 16 or older and have special



Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

*characteristics such as physical or mental disabilities.):*

Is it a possibility this youth will need a guardian as an adult? Yes ☐ No ☐

If No, disregard the following question:

Are there any relatives who might be willing to assume guardianship? Yes ☐ No ☐

NOTE: Referral to APS must be made before the child's 17th birthday if there is no one who will assume guardianship.

Third Party Convener Barney Hisanaga Date for next PPT: 8/97

**PERMANENCY PLANNING  
ADMINISTRATIVE CASE REVIEW**

Unit: 54	Date of Last PPT: 5/13/1997	Date of This PPT Meeting: 8/19/1997
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**FAMILY INFORMATION**

**I. Identifying Information**

**A. Principals:**

<u>Name</u>	<u>DOB</u>	<u>Relationship</u>
Mark A Soliz	1/27/1982	Self
Donna S Soliz	10/1/1959	Other
Mike J Ortega	1/5/1978	Other

**II. Family Service Plan**

**A. Date of the Family Service Plan being reviewed for this meeting:**

**B. Extent of Family's compliance with the service plan ( i.e. is the family attending counseling)**  
Mother is not working on her service plans.

**C. Extent of Family's progress with service plan ( i.e. is the family benefiting from counseling.)**  
Mother is not progressing in her plan.

**D. Why isn't it safe for the child to go home yet?**  
Mother cannot provide a safe environment.

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

### CHILD INFORMATION

#### **I. Current Placement**

Name of Placement\*: Azleway Boys Ranch Inc  
Living Arrangement: Residential Treat  
Authorized LOC: 5  
Date Placed in Facility: 3/21/1997

(\* respect confidentiality of caregiver as necessary)

#### **A. Date CVS child initially placed in substitute care**

Conservatorship Removal Date: 11-27-95  
Conservatorship RAPR  
Removal Reason:

#### **B. Date of most recent entry into substitute care if different from above**

Conservatorship Removal Date:  
Conservatorship  
Removal Reason:

#### **C. Reason for CPS involvement (include risk/safety factors):**

At the time Mark was to be discharged from the Buckner program (after being sent there through the JPD system), the case was referred to CPS for investigation. Mark's mother admitted that she was a drug addict with an unstable lifestyle and no permanent address. CPS had previously investigated Ms. Soliz several times for not supervising her children properly. Mark's older brother was in jail at the time, and one of the reasons that Mark had gotten in trouble with the law was because he was fending for himself with no responsible adult to supervise him.

#### **D. Current type of legal custody**

Current Legal Status: TMC  
Legal Status Date: 11/28/1995

#### **E. Next Ch.263 review date:**

September 23, 1997

#### **F. Any other scheduled court hearings?**

### **II. Services to the Child**

#### **A. Date of Child's Service Plan being reviewed for this meeting:**

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

DOB: 1/27/1992

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

### B. Child's Permanency Plan

1. 1. Long-range permanency goal: Foster Care with Commitment
2. 2. Proposed date to achieve permanency (dismiss TDPRS Conservatorship): 3/1/1998
1. 3. Date that permanent placement is expected to be achieved ( i.e. placement into own home, relative home, or adoptive home):  
six months

### C. Continued Need for Placement

1. 1. Why is placement appropriate to meet the individual needs of the child? (i.e. What are the services offered by the caregiver, how does this placement maintain sibling relationships, how are child's level of care service needs being addressed, etc.)  
He receives safety, structure and consistency.
2. Why does the child continue to need out of home placement ( i.e. foster care, relative care, etc.). [example: parents cannot provide a safe environment or child's aggressive behavior is prohibiting an adoptive or relative placement]  
Mother cannot provide a safe environment.
3. Extent of compliance with the child's service plan. (i.e. is the child in resource classes)  
Mark receives residential treatment services. He is going to on-campus school in the ninth grade.
4. Extent of progress on the child's service plan ( i.e. are the resource classes benefiting the child)  
Mark is doing well in his placement. He is on probation for stealing a car while he was on runaway status from Alzeway.
5. Are there any additional recommendations to help achieve the child's permanency goal?  
Worker is looking into a sponsor family for him.

### III. Conclusion

#### A. Other Comments:

He is not on meds.

#### B. Long Term Care in Adulthood (only for youth who are 16 or older and have special characteristics such as physical or mental disabilities.):

Is it a possibility this youth will need a guardian as an adult? Yes \_\_\_\_ No \_\_\_\_

If No, disregard the following question:

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

Are there any relatives who might be willing to  
assume guardianship?

Yes \_\_\_\_ No \_\_\_\_

NOTE: Referral to APS must be made before the child's 17th birthday if there is no one  
who will assume guardianship.

Third Party Convener Barney Hisanaga Date for next PPT: 11/97

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

Unit: 54	Date of Last PPT: 8/19/1997	Date of This PPT Meeting: 11/25/1997
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### FAMILY INFORMATION

#### I. Identifying Information

##### A. Principals:

<u>Name</u>	<u>DOB</u>	<u>Relationship</u>
Mark A Soliz	1/27/1982	Self
Donna S Soliz	10/1/1959	Other
Mike J Ortega	1/5/1978	Other

#### II. Family Service Plan

##### A. Date of the Family Service Plan being reviewed for this meeting:

11-97 - On 08-23-97 TDPRS was awarded PMC/ Rts not Term of Mark

##### B. Extent of Family's compliance with the service plan ( i.e. is the family attending counseling)

Ms. Soliz is not compliant and has made no progress on her service plan.

##### C. Extent of Family's progress with service plan ( i.e. is the family benefiting from counseling.)

Ms. Soliz has made no progress on her service plan.

##### D. Why isn't it safe for the child to go home yet?

Ms. Soliz has no home address and cannot provide a secure enviroment for Mark.

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

### CHILD INFORMATION

#### **I. Current Placement**

Name of Placement\*: Choices  
Living Arrangement: Substance Abuse Treatment Center  
Authorized LOC: 5  
Date Placed in Facility: 10/27/1997

(\* respect confidentiality of caregiver as necessary)

#### **A. Date CVS child initially placed in substitute care**

Conservatorship Removal Date: 11-27-95  
Conservatorship Removal Reason: Mark was court ordered to placement at Buckner's RTC on 02-09-94 after getting involved with JPD. The plan had been to return Mark to Ms. Soliz after discharge but Ms. Soliz made no effort to have him returned to her. TDPRS was awarded custody of Mark.

#### **B. Date of most recent entry into substitute care if different from above**

Conservatorship Removal Date:  
Conservatorship  
Removal Reason:

#### **C. Reason for CPS involvement (include risk/safety factors):**

At the time Mark was to be discharged from the Buckner program (after being sent there through the JPD system), the case was referred to CPS for investigation. Mark's mother admitted that she was a drug addict with an unstable lifestyle and no permanent address. CPS had previously investigated Ms. Soliz several times for not supervising her children properly. Mark's older brother was in jail at the time, and one of the reasons that Mark had gotten in trouble with the law was because he was fending for himself with no responsible adult to supervise him.

#### **D. Current type of legal custody**

Current Legal Status: PMC/ Rts Not Term  
Legal Status Date: 9/23/1997

#### **E. Next Ch.263 review date:**

March 17, 1998

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

F. Any other scheduled court hearings?

No

### II. Services to the Child

A. Date of Child's Service Plan being reviewed for this meeting:

10-10-97

B. Child's Permanency Plan

1. 1. Long-range permanency goal: Foster Care with Commitment

2. 2. Proposed date to achieve permanency (dismiss TDPRS Conservatorship): 9/1/1998

1. 3. Date that permanent placement is expected to be achieved ( i.e. placement into own home, relative home, or adoptive home): 12 months

C. Continued Need for Placement

1. 1. Why is placement appropriate to meet the individual needs of the child? (i.e. What are the services offered by the caregiver, how does this placement maintain sibling relationships, how are child's level of care service needs being addressed, etc.)  
This placement is appropriate because it provides Substance Abuse Treatment as well as stability, close supervision, and positive role models.

2. Why does the child continue to need out of home placement ( i.e. foster care, relative care, etc.). [example: parents cannot provide a safe environment or child's aggressive behavior is prohibiting an adoptive or relative placement]  
CPS has PMC

3. Extent of compliance with the child's service plan. (i.e. is the child in resource classes)  
He is receiving residential treatment center services.

4. Extent of progress on the child's service plan ( i.e. are the resource classes benefiting the child)  
He is doing well in his current placement.

5. Are there any additional recommendations to help achieve the child's permanency goal?  
No

### III. Conclusion

A. Other Comments:

He is not on meds.

B. Long Term Care in Adulthood (only for youth who are 16 or older and have special



**PERMANENCY PLANNING  
ADMINISTRATIVE CASE REVIEW**

*characteristics such as physical or mental disabilities.):*

Is it a possibility this youth will need a guardian as an adult? Yes ☐ No ☐

If No, disregard the following question:

Are there any relatives who might be willing to assume guardianship? Yes ☐ No ☐

NOTE: Referral to APS must be made before the child's 17th birthday if there is no one who will assume guardianship.

Third Party Convener Jo Anne Coe Date for next PPT: 2/98

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

Unit: 63	Date of Last PPT: 11/25/1997	Date of This PPT Meeting: 2/5/1998
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### FAMILY INFORMATION

#### I. Identifying Information

##### A. Principals:

<u>Name</u>	<u>DOB</u>	<u>Relationship</u>
Mark A Soliz	1/27/1982	Self
Donna S Soliz	10/1/1959	Other
Mike J Ortega	1/5/1978	Other

#### II. Family Service Plan

A. Date of the Family Service Plan being reviewed for this meeting:  
PMC without termination.

B. Extent of Family's compliance with the service plan ( i.e. is the family attending counseling)  
PMC without termination.

C. Extent of Family's progress with service plan ( i.e. is the family benefiting from counseling.)  
PMC without termination.

D. Why isn't it safe for the child to go home yet?  
PMC without termination.

**PERMANENCY PLANNING  
ADMINISTRATIVE CASE REVIEW**

**CHILD INFORMATION**

**I. Current Placement**

Name of Placement\*: Desert Hills Rtc  
Living Arrangement: Residential Treat  
Authorized LOC: 5  
Date Placed in Facility: 12/5/1997

(\* respect confidentiality of caregiver as necessary)

**A. Date CVS child initially placed in substitute care**

Conservatorship Removal Date: 11-27-95  
Conservatorship Removal Reason: Mark  
was court ordered to placement at  
Buckner's RTC and was to be returned to  
Ms. Soliz at time of discharge. Ms. Soliz  
made no effort to have Mark returned to her  
and TDPRS was awarded TMC of Mark.

**B. Date of most recent entry into substitute care if different from above**

Conservatorship Removal Date:  
Conservatorship  
Removal Reason:

**C. Reason for CPS involvement (include risk/safety factors):**

At the time Mark was to be discharged from the Buckner program (after being sent there through the JPD system), the case was referred to CPS for investigation. Mark's mother admitted that she was a drug addict with an unstable lifestyle and no permanent address. CPS had previously investigated Ms. Soliz several times for not supervising her children properly. Mark's older brother was in jail at the time, and one of the reasons that Mark had gotten in trouble with the law was because he was fending for himself with no responsible adult to supervise him.

**D. Current type of legal custody**

Current Legal Status: PMC/ Rts Not Term  
Legal Status Date: 9/23/1997

**E. Next Ch.263 review date:**

March 17, 1998

**F. Any other scheduled court hearings?**

No

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

### II. Services to the Child

A. Date of Child's Service Plan being reviewed for this meeting:  
01-22-98

B. Child's Permanency Plan

1. 1. Long-range permanency goal: Foster Care with Commitment
2. 2. Proposed date to achieve permanency (dismiss TDPRS Conservatorship): 9/1/1998
1. 3. Date that permanent placement is expected to be achieved ( i.e. placement into own home, relative home, or adoptive home):  
One more year

C. Continued Need for Placement

1. 1. Why is placement appropriate to meet the individual needs of the child? (i.e. What are the services offered by the caregiver, how does this placement maintain sibling relationships, how are child's level of care service needs being addressed, etc.)  
This placement is appropriate because it meets Mark's needs by providing counseling, drug education, academic education, and recreational activities in a therapeutic setting.
2. Why does the child continue to need out of home placement ( i.e. foster care, relative care, etc.). [example: parents cannot provide a safe environment or child's aggressive behavior is prohibiting an adoptive or relative placement]  
Mark continues to require placement because on 9-23-97 TDPRS was appointed PMC.
3. Extent of compliance with the child's service plan. (i.e. is the child in resource classes)  
He runaway form Choices two weeks into the program and was trying to steel a car.  
He was in several detention placements before he went to his current

RTC Placement.

4. Extent of progress on the child's service plan ( i.e. are the resource classes benefiting the child)  
He is now doing well in school and his behavior is improving.
5. Are there any additional recommendations to help achieve the child's permanency goal?  
He needs to be enrolled in the PAL Program.

### III. Conclusion

A. Other Comments:  
He is on Zoloft.

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Case Name: Soliz, Donna S

Case #:

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Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

DOB: 1/27/1982

**PERMANENCY PLANNING  
ADMINISTRATIVE CASE REVIEW**

**B. Long Term Care in Adulthood** (only for youth who are 16 or older and have special characteristics such as physical or mental disabilities.):

Is it a possibility this youth will need a guardian as an adult? Yes ☐ No ☐

If No, disregard the following question:

Are there any relatives who might be willing to assume guardianship?

Yes ☐ No ☐

NOTE: Referral to APS must be made before the child's 17th birthday if there is no one who will assume guardianship.

Third Party Convener Barney Hisanaga LMSW-ACP Date for next PPT: 7/98

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Case Name: Soliz, Donna S

Case #:

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Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

DOB: 1/27/1982

**PERMANENCY PLANNING  
ADMINISTRATIVE CASE REVIEW**

Unit: 63	Date of Last PPT: 2/5/1998	Date of This PPT Meeting: 7/28/1998
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**FAMILY INFORMATION****I. Identifying Information****A. Principals:**

<u>Name</u>	<u>DOB</u>	<u>Relationship</u>
Mark A Soliz	1/27/1982	Self
Donna S Soliz	10/1/1959	Parent (Birth)
Mike J Ortega	1/5/1978	Sibling

**II. Family Service Plan****A. Date of the Family Service Plan being reviewed for this meeting:**

N/A

**B. Extent of Family's compliance with the service plan ( i.e. is the family attending counseling)**

N/A

**C. Extent of Family's progress with service plan ( i.e. is the family benefiting from counseling.)**

N/A

**D. Why isn't it safe for the child to go home yet?**

N/A - PRS was granted PMC of the child in 09-97

**PERMANENCY PLANNING  
ADMINISTRATIVE CASE REVIEW**

**CHILD INFORMATION**

**I. Current Placement**

Name of Placement\*: Desert Hills Rtc  
Living Arrangement: Residential Treat  
Authorized LOC: 5  
Date Placed in Facility: 12/5/1997

(\* respect confidentiality of caregiver as necessary)

**A. Date CVS child initially placed in substitute care**

Conservatorship Removal Date: 11-27-95  
Conservatorship Removal  
Reason: Mark was court ordered  
to placement at Buckner  
Children's Home on 02-09-94  
after getting involved with JPD.  
The plan had been to return him  
home to his mother after  
discharge, but Ms. Soliz made no  
effort to work towards having Mark  
returned. Ms. Soliz admitted to  
being a drug addict with an  
unstable lifestyle and no  
permanent address. On 11-27-95  
the court ordered that Mark be  
placed in custody of TDPRS.

**B. Date of most recent entry into substitute care if different from above**

Conservatorship Removal Date: N/A  
Conservatorship Removal  
Reason: N/A

**C. Reason for CPS involvement (include risk/safety factors):**

At the time Mark was to be discharged from the Buckner program (after being sent there through the JPD system), the case was referred to CPS for investigation. Mark's mother admitted that she was a drug addict with an unstable lifestyle and no permanent address. CPS had previously investigated Ms. Soliz several times for not supervising her children properly. Mark's older brother was in jail at the time, and one of the reasons that Mark had gotten in trouble with the law was because he was fending for himself with no responsible adult to supervise him.

**D. Current type of legal custody**

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

Current Legal Status: PMC/ Rts Not Term  
Legal Status Date: 9/23/1997

E. Next Ch.263 review date:

September 1998

F. Any other scheduled court hearings?

June 16, 1998 -Order to change payee for child support

### II. Services to the Child

A. Date of Child's Service Plan being reviewed for this meeting:  
07-06-98

B. Child's Permanency Plan

1. 1. Long-range permanency goal: Independent Living
2. 2. Proposed date to achieve permanency (dismiss TDPRS Conservatorship):  
1/27/2000
3. 3. Date that permanent placement is expected to be achieved ( i.e. placement into own home, relative home, or adoptive home): N/A- OV is expected to age out of placement

C. Continued Need for Placement

4. 1. Why is placement appropriate to meet the individual needs of the child? (i.e. What are the services offered by the caregiver, how does this placement maintain sibling relationships, how are child's level of care service needs being addressed, etc.)
  1. Mark has been enrolled in the PAL Program through Texas A & M University. Mark has taken the Daniel Memorial Institute for Life Skills. The facility has been able to meet Mark's basic needs but there is some question as to how well the therapeutic aspect of the program is going. The facility was investigated due to Mark being assaulted by a staff member, who has since been terminated from employment. Mark has made little progress in the Desert Hills program and has once again been placed on medications. Pending a psychological evaluation another facility presently would better meet Mark's needs.



Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

DOB: 1/27/1982

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

2. Why does the child continue to need out of home placement ( i.e. foster care, relative care, etc.). [example: parents cannot provide a safe environment or child's aggressive behavior is prohibiting an adoptive or relative placement]

Mark continues to require placement because on 09-23-97  
TDPRS was appointed PMC. Mark continue to  
display inappropriate behaviors such as physical  
aggression and displays poor staff and peer relations.

3. Extent of compliance with the child's service plan. (i.e. is the child in resource classes)

Mark has been enrolled in the PAL program at Desert Hills. Mark academic and recreational needs are being met. The facility is attempting to meet Mark's therapeutic needs through counseling and group sessions.

4. Extent of progress on the child's service plan ( i.e. are the resource classes benefiting the child)

Mark has performed well in school, however, has made minimal progress therapeutically.

5. Are there any additional recommendations to help achieve the child's permanency goal?

Search for an alternative placement.

### III. Conclusion

#### A. Other Comments:

He is on Adderol and Serzone.

#### B. Long Term Care in Adulthood (only for youth who are 16 or older and have special characteristics such as physical or mental disabilities.):

Is it a possibility this youth will need a guardian as an adult? Yes ☐ No ☒

If No, disregard the following question:

Are there any relatives who might be willing to assume guardianship?

Yes ☐ No ☐

NOTE: Referral to APS must be made before the child's 17th birthday if there is no one who will assume guardianship.

Third Party Convener Barney Hisanaga LMSW-ACP Date for next PPT: 11/99

**PERMANENCY PLANNING  
ADMINISTRATIVE CASE REVIEW**

Case Name: Soliz, Donna S

Case #: 17020889

Child's Name: Mark A Soliz

DOB: 1/27/1982

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

Unit: 54	Date of Last PPT: 7/28/1998	Date of This PPT Meeting: 11/17/1998
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### FAMILY INFORMATION

#### I. Identifying Information

##### A. Principals:

<u>Name</u>	<u>DOB</u>	<u>Relationship</u>
Mark A Soliz	1/27/1982	Self
Donna S Soliz	10/1/1959	Parent (Birth)
Mike J Ortega	1/5/1978	Sibling

#### II. Family Service Plan

##### A. Date of the Family Service Plan being reviewed for this meeting:

N/A - PMC granted 09-97

##### B. Extent of Family's compliance with the service plan ( i.e. is the family attending counseling)

N/A - PMC granted 09-97

##### C. Extent of Family's progress with service plan ( i.e. is the family benefiting from counseling.)

N/A - PMC granted 09-97

##### D. Why isn't it safe for the child to go home yet?

MO resides in a half-way house. MO does not have a permanent residence nor employment.

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

DOB: 1/27/1982

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

### CHILD INFORMATION

#### **I. Current Placement**

Name of Placement\*: Therapeutic Fg Home  
Living Arrangement: Ind Ther F Grp Home  
Authorized LOC: 4  
Date Placed in Facility: 9/17/1998

(\* respect confidentiality of caregiver as necessary)

#### **A. Date CVS child initially placed in substitute care**

Conservatorship Removal Date: 11-27-95  
Conservatorship Removal Reason:

At the time Mark was to be discharged from the Buckner program (after being sent there through the JPD system), the case was referred to CPS for investigation. Mark's mother admitted that she was a drug addict with an unstable lifestyle and no permanent address. CPS had previously investigated Ms. Soliz several times for not supervising her children properly. Mark's older brother was in jail at the time, and one of the reasons that Mark had gotten in trouble with the law was because he was fending for himself with no responsible adult to supervise him.

#### **B. Date of most recent entry into substitute care if different from above**

Conservatorship Removal Date:  
Conservatorship  
Removal Reason:

#### **C. Reason for CPS involvement (include risk/safety factors):**

At the time Mark was to be discharged from the Buckner program (after being sent there through the JPD system), the case was referred to CPS for investigation. Mark's mother admitted that she was a drug addict with an unstable lifestyle and no permanent address. CPS had previously investigated Ms. Soliz several times for not supervising her children properly. Mark's older brother was in jail at the time, and one of the reasons that Mark

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

DOB: 1/27/1982

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

had gotten in trouble with the law was because he was fending for himself with no responsible adult to supervise him.

**D. Current type of legal custody**

Current Legal Status: PMC/ Rts Not Term  
Legal Status Date: 9/23/1997

**E. Next Ch.263 review date:**

April 1999

**F. Any other scheduled court hearings?**

None

### II. Services to the Child

**A. Date of Child's Service Plan being reviewed for this meeting:**

11-04-98

**B. Child's Permanency Plan**

1. 1. Long-range permanency goal: Independent Living
2. 2. Proposed date to achieve permanency (dismiss TDPRS Conservatorship): 1/27/2000
1. 3. Date that permanent placement is expected to be achieved ( i.e. placement into own home, relative home, or adoptive home): 01-27-00

**C. Continued Need for Placement**

1. 1. Why is placement appropriate to meet the individual needs of the child? (i.e. What are the services offered by the caregiver, how does this placement maintain sibling relationships, how are child's level of care service needs being addressed, etc.)

This placement meets Mark's need because it is the least restrictive placement for him. Mark reside in a group foster home with 6 other children. Mark is able to experience a home like setting at the Home which assists in transitioning Mark for independent living and returning home. Mark attends public school. Mark is able to have family contact and home visits. Mark also receives individual and group counseling. Mark's behavior is improving and his level of care is dropping.

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

DOB: 1/27/1982

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

2. Why does the child continue to need out of home placement ( i.e. foster care, relative care, etc.). [example: parents cannot provide a safe environment or child's aggressive behavior is prohibiting an adoptive or relative placement]

Mark continues to need out of the home placement due to Mark continuing need for individual and group counseling. Mark also needs to complete the independent living program as well. Mark's mother reside in a half- way house and does not have a permanent address nor employment.

3. Extent of compliance with the child's service plan. (i.e. is the child in resource classes)

Mark is in compliance with his service plan. Mark is attending public school in special education and attending counseling weekly. Mark has begun having visit with his mother and brother.

4. Extent of progress on the child's service plan ( i.e. are the resource classes benefiting the child)

Mark is making progress on his service plan and is benefiting from the special education classes offered at the high school. Mark studies for his school work at the local college's library. He is doing very well in his current placement.

5. Are there any additional recommendations to help achieve the child's permanency goal?

Continue with the PAL program and visit with mother and brother and other family members.

### III. Conclusion

**A. Other Comments:**

He is on Adderol and Serzone.

**B. Long Term Care in Adulthood (only for youth who are 16 or older and have special characteristics such as physical or mental disabilities.):**

Is it a possibility this youth will need a guardian as an adult? Yes  X  No

If No, disregard the following question:

Are there any relatives who might be willing to assume guardianship? Yes  X  No

NOTE: Referral to APS must be made before the child's 17th birthday if there is no one who will assume guardianship.

Third Party Convener Barney Hisanaga LMSW-ACP Date for next PPT: 5/99  
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**PERMANENCY PLANNING  
ADMINISTRATIVE CASE REVIEW**

# **PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW**

Unit: 54	Date of Last PPT: 11/17/1998	Date of This PPT Meeting: 5/27/1999
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## **FAMILY INFORMATION**

### **I. Identifying Information**

#### **A. Principals:**

<u>Name</u>	<u>DOB</u>	<u>Relationship</u>
Mark A Soliz	1/27/1982	Self
Donna S Soliz	10/1/1959	Parent (Birth)
Mike J Ortega	1/5/1978	Sibling

### **II. Family Service Plan**

#### **A. Date of the Family Service Plan being reviewed for this meeting:**

N/A -PMC Granted 09-23-97

#### **B. Extent of Family's compliance with the service plan ( i.e. is the family attending counseling)**

N/A -PMC Granted 09-23-97

#### **C. Extent of Family's progress with service plan ( i.e. is the family benefiting from counseling.)**

N/A -PMC Granted 09-23-97

#### **D. Why isn't it safe for the child to go home yet?**

N/A -PMC Granted 09-23-97



## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

### CHILD INFORMATION

#### **I. Current Placement**

Name of Placement\*: Therapeutic Fg Home  
Living Arrangement: Ind Ther F Grp Home  
Authorized LOC: 3  
Date Placed in Facility: 9/17/1998

(\* respect confidentiality of caregiver as necessary)

#### **A. Date CVS child initially placed in substitute care**

Conservatorship Removal Date: 11-27-95  
Conservatorship ABAN  
Removal Reason:

#### **B. Date of most recent entry into substitute care if different from above**

Conservatorship Removal Date:  
Conservatorship  
Removal Reason:

#### **C. Reason for CPS involvement (include risk/safety factors):**

At the time Mark was to be discharged from the Buckner program (after being sent there through the JPD system), the case was referred to CPS for investigation. Mark's mother admitted that she was a drug addict with an unstable lifestyle and no permanent address. CPS had previously investigated Ms. Soliz several times for not supervising her children properly. Mark's older brother was in jail at the time, and one of the reasons that Mark had gotten in trouble with the law was because he was fendng for himself with no responsible adult to supervise him.

#### **D. Current type of legal custody**

Current Legal Status: PMC/ Rts Not Term  
Legal Status Date: 9/23/1997

#### **E. Next Ch.263 review date:**

September 1999

#### **F. Any other scheduled court hearings?**

N/A

### **II. Services to the Child**

#### **A. Date of Child's Service Plan being reviewed for this meeting:**

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

DOB: 1/27/1982

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

02-23-99

### B. Child's Permanency Plan

1. 1. Long-range permanency goal: Independent Living
2. 2. Proposed date to achieve permanency (dismiss TDPRS Conservatorship): 1/27/2000
1. 3. Date that permanent placement is expected to be achieved ( i.e. placement into own home, relative home, or adoptive home): 01-27-00

### C. Continued Need for Placement

1. 1. Why is placement appropriate to meet the individual needs of the child? (i.e. What are the services offered by the caregiver, how does this placement maintain sibling relationships, how are child's level of care service needs being addressed, etc.)  
**Mark** continues to have some behavior problems and is in alternative education program. TDPRS was granted PMC of Mark in 09-97. Mark's mother continues to use drugs and lead an unstable lifestyle. Mark's mother currently has a warrant out for her arrest.
2. Why does the child continue to need out of home placement ( i.e. foster care, relative care, etc.). [example: parents cannot provide a safe environment or child's aggressive behavior is prohibiting an adoptive or relative placement]  
**Mark** continues to have some behavior problems and is in alternative education program. TDPRS was granted PMC of Mark in 09-97. Mark's mother continues to use drugs and lead an unstable lifestyle. Mark's mother currently has a warrant out for her arrest.
3. Extent of compliance with the child's service plan. (i.e. is the child in resource classes)  
**Mark** is compliant with his service plan. Mark is in resources classes and an alternative education school. Mark attend and participates in school regularly.
4. Extent of progress on the child's service plan ( i.e. are the resource classes benefiting the child)  
**Mark** is compliant with his service plan. Mark is in resources classes and an alternative education school. Mark attend and participates in school regularly. Mark will turn 18 years old next January 2000 and a GED program should be explored. He is planning to participate in Mini PAL this summer.
5. Are there any additional recommendations to help achieve the child's permanency goal?  
**Mark** will turn 18 years old next January 2000 and a GED program should be explored as well as a driver's education course and post graduation education. He is planning to pursu his education.

### III. Conclusion

Page 3 of 4

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

Name:

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

**A. Other Comments:**

During the last review 6 mo. ago he was on Aderoll Azerone the worker was on vacation.

**B. Long Term Care in Adulthood (only for youth who are 16 or older and have special characteristics such as physical or mental disabilities.):**

Is it a possibility this youth will need a guardian as an adult? Yes X No     

If No, disregard the following question:

Are there any relatives who might be willing to assume guardianship?

Yes X No     

NOTE: Referral to APS must be made before the child's 17th birthday if there is no one who will assume guardianship.

Third Party Convener Barney Hisanaga LMSW-ACP Date for next PPT: 11/99

Case Name: Soliz, Donna S

Case #: 17020998

Child's Name: Mark A Soliz

DOB: 1/27/1982

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

Unit: 54	Date of Last PPT: 5/27/1999	Date of This PPT Meeting: 11/2/1999
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### FAMILY INFORMATION

#### I. Identifying Information

##### A. Principals:

<u>Name</u>	<u>DOB</u>	<u>Relationship</u>
Sharon Rangle	1/1/1960	Aunt/Uncle
Mark A Soliz	1/27/1982	Self
Donna S Soliz	10/1/1959	Parent (Birth)
Mike J Ortega	1/5/1978	Sibling

#### II. Family Service Plan

##### A. Date of the Family Service Plan being reviewed for this meeting:

N/A-TDPRS was granted PMC on 09-23-97-Ms. Soliz has not worked on any service plans

##### B. Extent of Family's compliance with the service plan ( i.e. is the family attending counseling)

N/A-TDPRS was granted PMC on 09-23-97-Ms. Soliz has not worked on any service plans

##### C. Extent of Family's progress with service plan ( i.e. is the family benefiting from counseling.)

N/A-TDPRS was granted PMC on 09-23-97-Ms. Soliz has not worked nor made any progress on any service plans

##### D. Why isn't it safe for the child to go home yet?

Ms. Soliz continues to live an unstable lifestyle. Ms. Soliz had been incarcerated due to probation violation and drug use. Ms. Soliz recently was released from jail, however, does not have a stable home to live in nor is she employed.

Case Name: Soliz, Donna S

Case #: 17028998

Child's Name: Mark A Soliz

DOB: 1/27/1982

Name:

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

### CHILD INFORMATION

#### **I. Current Placement**

Name of Placement\*: N/A- Mark is currently on run away status. A report to Fort Worth Police has been made regarding Mark being an escapee.  
 Living Arrangement: Unauthorized Absence  
 Authorized LOC: 3  
 Date Placed in Facility: 9/14/1999

(\* respect confidentiality of caregiver as necessary)

#### **A. Date CVS child initially placed in substitute care**

Conservatorship Removal Date: 11-27-95  
 Conservatorship  
 Removal Reason:  
 RAPR and ABAN-  
 Mark was placed  
 at Buckners  
 Children's Home  
 via Juvenile.  
 However, upon  
 his release Ms.  
 Soliz'  
 whereabouts  
 were unknown  
 and TDPRS was  
 awarded TMC of  
 Mark

#### **B. Date of most recent entry into substitute care if different from above**

Conservatorship Removal Date:  
 Conservatorship  
 Removal Reason:

#### **C. Reason for CPS involvement (include risk/safety factors):**

At the time Mark was to be discharged from the Buckner program (after being sent there through the JPD system), the case was referred to CPS for investigation. Mark's mother admitted that she was a drug addict with an unstable lifestyle and no permanent address. CPS had previously investigated Ms. Soliz several times for not supervising her children properly. Mark's older brother was in jail at the time, and one of the reasons that Mark had gotten in trouble with the law was because he was fending for himself with no responsible adult to supervise him.

#### **D. Current type of legal custody**

Case Name: Soliz, Donna S

Case #: 1702898

Child's Name: Mark A Soliz

DOB: 1/27/1982

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

Current Legal Status: PMC/ Rts Not Term

Legal Status Date: 9/23/1997

E. Next Ch.263 review date:

March 2000

F. Any other scheduled court hearings?

No

II. **Services to the Child**A. Date of Child's Service Plan being reviewed for this meeting:

10-20-99

B. Child's Permanency Plan

1. 1. Long-range permanency goal: Independent Living- Aging Out of Care
2. 2. Proposed date to achieve permanency (dismiss TDPRS Conservatorship): 1/27/2000
1. 3. Date that permanent placement is expected to be achieved ( i.e. placement into own home, relative home, or adoptive home):01-27-00

C. Continued Need for Placement

2. 1. Why is placement appropriate to meet the individual needs of the child? (i.e. What are the services offered by the caregiver, how does this placement maintain sibling relationships, how are child's level of care service needs being addressed, etc.)

N/A- Mark is currently on an unauthorized leave.

Mark continues to need placement due to not having completed his education or a GED Program.

2. Why does the child continue to need out of home placement ( i.e. foster care, relative care, etc.). [example: parents cannot provide a safe environment or child's aggressive behavior is prohibiting an adoptive or relative placement]

N/A- Mark is currently on an unauthorized leave.

Mark continues to need placement due to not having completed his education or a GED Program

3. Extent of compliance with the child's service plan. (i.e. is the child in resource classes)

N/A- Mark is currently on an unauthorized leave. Mark has, however, completed the PAL program

4. Extent of progress on the child's service plan ( i.e. are the resource classes benefiting the child)

Case Name: Soliz, Donna S

Case #: 17020988

Child's Name: Mark A Soliz

Name:

DOB: 1/27/1982

## PERMANENCY PLANNING ADMINISTRATIVE CASE REVIEW

N/A- Mark is currently on an unauthorized leave. Mark has, however, completed the PAL program. He will be 18 in 1/27/2000.

5. Are there any additional recommendations to help achieve the child's permanency goal?

N/A- Mark is currently on an unauthorized leave. Mark has completed the PAL program, however, has not completed his education. Should he return to foster care he will need to be enrolled in a GED Program

### III. Conclusion

#### A. Other Comments:

#### B. Long Term Care in Adulthood (only for youth who are 16 or older and have special characteristics such as physical or mental disabilities.):

Is it a possibility this youth will need a guardian as an adult? Yes \_\_\_\_ No X

If No, disregard the following question:

Are there any relatives who might be willing to assume guardianship? Yes \_\_\_\_ No \_\_\_\_

NOTE: Referral to APS must be made before the child's 17th birthday if there is no one who will assume guardianship.

Third Party Convener BarneyHisanaga LMSW ACP Date for next PPT: 4/2000

Case Name: **Mark A Soliz**  
Case #: **17020998**  
Child's Name: **Mark A Soliz** DOB: **1/27/1982**

## Child's Service Plan PLACEMENT INFORMATION

### CASE PLAN - PART TWO

#### I. PLACEMENT

Date Placed: 2/17/1994  
Date Parent's Notified:

Emergency Placement: N  
Date of Preplacement Visit:

Placement Type: JPC (S.O. use only)  
Living Arrangement: Residential Treat  
Placing Agency:  
Facility Name: BUCKNER BAPTIST CHILDR  
Facility Nbr: 23013960  
Person Placed With:  
Contact Person:

Residence Address: 5200 S BUCKNER BLVD  
DALLAS, Texas 752272006  
DALLAS

Telephone: (512) 424-6700  
Ext:

Address Notes:

Medicaid Addr (if different):  
401 W SANFORD ST  
ARLINGTON Texas 76011-7087  
TARRANT

Other Placement Info:

Dt Removed From This Plcmt: 11/27/1995  
Removal Reason: Other  
Continued Contact Recommended: Y  
Removal Comments:



Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

**Child's Service Plan  
PLACEMENT INFORMATION**

III. **APPROVAL**  
Approved By:  
Approved Date:

Case Name: **Mark A Soliz**  
Case #: **17020998**  
Child's Name: **Mark A Soliz** DOB: **1/27/1982**

### Child's Service Plan PLACEMENT INFORMATION

#### IV. DISCUSSIONS AND DOCUMENTATION

Date **Discussion with the Child**

Describe your discussion with the child about the reasons for this placement. Describe the child's understanding of and response to the placement. If this is the initial placement, describe your discussion of the reasons for the child's removal as well:

Date **Discussion with the Caregiver** - of all information known about the child's social and psychological history and needs, as it relates to the child's care and management.

Date **Medical History and Needs** (or MEDICAL AND DEVELOPMENTAL HISTORY AND PHYSICAL EXAMINATION Form, including immunization records) given to caregiver.

Date **Educational History and Needs** (or EDUCATION LOG) given to caregiver, if appropriate.  
N/A? Y

Date **School Records** given to caregiver, if appropriate.  
N/A? Y

Date **Child's Service Plan** (updated, if necessary) given to caregiver.

If the caregiver has not been given any of the above documents, explain:

Case Name: So Thomas  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

## Child's Service Plan PLACEMENT INFORMATION

### CASE PLAN - PART TWO

#### I. PLACEMENT

Date Placed: 11/27/1995  
Date Parent's Notified:

Emergency Placement: N  
Date of Preplacement Visit:

Placement Type: JPC (S.O. use only)  
Living Arrangement: Residential Treat  
Placing Agency:  
Facility Name: BUCKNER BAPTIST CHILDR  
Facility Nbr: 23013960  
Person Placed With:  
Contact Person:

Residence Address: 5200 S BUCKNER BLVD  
DALLAS, Texas 752272006  
DALLAS

Telephone: (512) 424-6700  
Ext:

Address Notes:

Medicaid Addr (if different):  
401 W SANFORD ST  
ARLINGTON Texas 76011-7087  
TARRANT

Other Placement Info:

Dt Removed From This Plcmt: 6/5/1996  
Removal Reason: Other  
Continued Contact Recommended: Y  
Removal Comments:

Case Name: Soliz, Thomas  
Case #: 17020998  
Child's Name: Mark A Soliz DOB: 1/27/1982

**Child's Service Plan  
PLACEMENT INFORMATION**

III. **APPROVAL**  
Approved By:  
Approved Date:

Case #: 17020998

Child's Name: Mark A Soliz DOB: 1/27/1982

### Child's Service Plan PLACEMENT INFORMATION

#### IV. DISCUSSIONS AND DOCUMENTATION

Date **Discussion with the Child**

Describe your discussion with the child about the reasons for this placement. Describe the child's understanding of and response to the placement. If this is the initial placement, describe your discussion of the reasons for the child's removal as well:

Date **Discussion with the Caregiver** - of all information known about the child's social and psychological history and needs, as it relates to the child's care and management.

Date **Medical History and Needs** (or MEDICAL AND DEVELOPMENTAL HISTORY AND PHYSICAL EXAMINATION Form, including immunization records) given to caregiver.

Date **Educational History and Needs** (or EDUCATION LOG) given to caregiver, if appropriate.  
N/A? Y

Date **School Records** given to caregiver, if appropriate.  
N/A? Y

Date **Child's Service Plan** (updated, if necessary) given to caregiver.

If the caregiver has not been given any of the above documents, explain: